

Information About You

Owner's Name: _____
Partner/Spouse: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (Home) _____ (Cell) _____
Driver's License #: _____ Email Address: _____
Employer: _____ Employer Phone Number: _____
How did you hear about us? _____

Information About Your Pet

Pet's Name: _____ Birth date: _____
Species (Circle one): Canine Feline Breed: _____
Color(s): _____
Sex (Circle one): Male Female Spayed/Neutered: Yes No
Date of last vet check up: _____ Micro-chipped: Yes No
Regular Veterinarian or Hospital: _____

Patient Agreement and Payment Terms

*Payment is required when services are rendered. We accept Cash, Visa, MasterCard, American Express, and Debit – ATM Cards. **We do not accept checks.** An estimate can be prepared for medical services if requested.*

*I give permission to *Chateau Animalia* to perform diagnostic, surgical and medical treatment as deemed advisable. It is understood that such procedures of diagnosis, surgery, and medical treatment will be discussed with me before proceeding except in emergency situations.*

In many cases, it is impossible to determine in advance the extent of surgical and/or medical treatment required, and I understand that the actual cost may be lower or higher than the estimate presented to me. I agree to make prompt and complete payment upon discharge of the above animal.

I also understand that if I neglect to pick up the above animal, the animal will be considered abandoned. In doing so, I understand that this does not relieve me from my financial obligation. I further understand that in case of non-payment, I will be subject to all billing toward further care and finance/collection charges associated with my account.

Signature: _____ Date: _____