



Welcome To

San Clemente Veterinary Hospital



First Name: _____ Last Name: _____

Mailing Address: _____ City: _____

Zip Code: _____ State: _____ E-mail Address: _____

Phone Number(s): Primary: (____) _____ - _____ Other: (____) _____ - _____

Employer: _____ Work: (____) _____ - _____

Birthdate: ____/____/____ Driver's License: _____ License State: _____

Co-Owner First Name: _____ Last Name: _____

Phone Number(s): Primary: (____) _____ - _____ Other: (____) _____ - _____

Co-Owner's Employer: _____ Work: (____) _____ - _____

HOW DID YOU HEAR ABOUT US?

- Drove By
 Newspaper
 Yelp
 Facebook
 Google
 LocalVets.com
 Website
 Friend: Who may we thank? _____

PET INFORMATION

Pet Name: _____ Canine Feline Other: _____

Birthdate or Age: _____ Breed: _____ Color: _____

Male Female Spayed/Neutered? N / Y Microchipped? N / Y, # _____

Does this pet have Insurance? N / Y If yes, which one? _____

Veterinary Hospital that has previous records: _____

Pet Name: _____ Canine Feline Other: _____

Birthdate or Age: _____ Breed: _____ Color: _____

Male Female Spayed/Neutered? N / Y Microchipped? N / Y, # _____

Does this pet have Insurance? N / Y If yes, which one? _____

Veterinary Hospital that has previous records: _____

AUTHORIZATION

I hereby authorize San Clemente Veterinary Hospital's veterinarians to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. I understand and agree that in the event of default, to pay reasonable collection and/or attorney fees.

To prevent the spread of infectious diseases and parasites, hospitalized/boarding animals must be current on vaccines and free of internal and external parasites.

I also authorize San Clemente Veterinary Hospital to photograph my pet for medical records and social media purposes, any photographs taken of my pet may be used in electronic or printed material for publicity or advertising purposes.

X _____

Owner's signature

Date

OFFICE USE:

Scanned by: _____

Please see reverse page →

Financial Policy

We will do our very best to help you maximize the health of your pet while staying in line with what you can afford. The reality is that financial considerations are an integral component of veterinary care and we want you to feel comfortable discussing that with us. To help, we will review a treatment plan that includes cost estimate with you in advance of all surgical procedures or non-routine medical work-ups.

We provide the best medical and surgical care that we can for your pets. That means hiring quality employees who get continuing education to keep on top of veterinary medical advancements. We understand that this high standard of care can be costly and we offer the following as our policy:

1. **Payment is expected at the time of service.** Payment methods accepted are Cash, Visa, MasterCard, American Express, Discover Card, CareCredit, and checks.
2. We charge 0.833% interest monthly (10% annually) on all outstanding account balances older than 30 days. If you have an account 60 days past due, SCVH may relinquish your balance owed to a collection agency. We are not equipped as a lending agency.
3. SCVH charges \$30 for returned checks.
4. Declaration of bankruptcy, collection accounts and subsequent default of any portion of a bill will terminate availability of services with this office.
5. Emergency cases for clients with delinquent accounts will be taken only after arrangements for payment IN FULL are made.
6. Non-emergency services/treatments will be done AFTER delinquent account is paid IN FULL.

CareCredit:

CareCredit is a healthcare credit card designed for your health and wellness needs - including veterinary care. It's a way to pay for the costs of treatment and procedures and allows you to make convenient monthly payments. To qualify, CareCredit requires an application and credit check. We offer CareCredit under the following term options:

- a. 0% Interest for 6 months (available for transactions over \$200)
- b. 14.90% Fixed Interest for 24 months (available for transactions over \$1,000)

Note: Transactions under \$200 are charged per standard account terms of 26.99% APR.

Deposits

For surgical or hospitalized care, a deposit will be required. For established clients, treatment plans requiring comprehensive care of \$500 or more, will require a 50% deposit to begin your pet's treatment. Clients without a prior payment history will need to leave a 50% deposit of whatever amount is estimated for all comprehensive care.

I have read, understand, and agree to the Financial Policy above.

Client Signature: _____ Date: ____ / ____ / ____