



CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State Zip _____

Mailing Address _____

Your Phone _____ Home/Cell _____ Spouse Phone _____ Home/Cell _____

Place of Employment _____ Work Phone _____

Your Driver's License# _____ D/O/B _____ (Needed for Controlled Drugs and paying by check)

E-Mail Address _____

Providing your email and/or cell number will allow us to send appointment confirmations, our online Petdesk app, and periodic promotions. You may opt out at any time.

How did you become aware of our clinic? (circle one) Google Facebook Yellow Pages Drove by Previous Client

Personal Recommendation (Whom may we thank?) _____

All Fees Are Due At The Time Services Are Rendered

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
Male /Female, Neutered /Spayed			
Your Dog's Vaccination History:			
RABIES			
DAPP (DISTERMPER/PARVO)			
BORDETELLA			
INFLUENZA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
Your Cat's Vaccination History:			
RABIES			
FVRCP (FELINE DISTERMPER)			
LEUKEMIA TEST			
LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			

Our pet(s) is: ___ Member of our family ___ Child's pet ___ Backyard pet

Continued on reverse →

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

We often take pictures of our patients and may use them on our website/Facebook. Do you authorize the use of your pet's pictures for use on our website, Facebook, and marketing materials? (circle one) Yes No

Financial Policy

Thank you for choosing Thompson Peak Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Thompson Peak Veterinary clinic requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, Discover Card® or American Express
- Convenient Monthly Payment Plans' from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly -for your entire family -without having to reapply'

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$250 or more, will require a 50% deposit to begin your pet's treatment.

Additional Policy Information:

Thompson Peak Veterinary Clinic charges \$35.00 for returned checks. A fee of \$25 **may** be charged for clients who miss or cancel more than 2 appointments in a calendar year without a 24-hour notice.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. *I give my authorization to forward my pet's medical records to other veterinarians and insurance companies when requested.*

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

*Restrictions apply. See CareCredit® terms of agreement for more information.