

# ANIMAL CARE CLINIC and BARRINGTON SQUARE ANIMAL HOSPITAL

## WELCOME TO OUR PRACTICE! CLIENT INFORMATION

NAME: _____ <small>(Last) (First)</small>	SPOUSE/OTHER: _____
ADDRESS: _____ <small>(Street) (City) (State) (Zip)</small>	
COUNTY _____	HOME PHONE: ( ) _____
DRIVER'S LICENSE # _____	CELL PHONE: ( ) _____
EMPLOYER: _____	WORK PHONE: ( ) _____
E-MAIL ADDRESS: _____	

HOW DID YOU HEAR OF OUR PRACTICE? WHOM MAY WE THANK? (PLEASE CHECK BELOW)	NAME/TELEPHONE OF PREVIOUS VETERINARIAN
___ COUPON    ___ DRIVE BY    ___ PHONEBOOK ___ OTHER (PLEASE INDICATE) _____  REFERRED BY: _____	

### PET INFORMATION (PLEASE ENTER INFORMATION FOR THE PET(S) WE ARE SEEING TODAY ONLY. THANK YOU!)

PET'S NAME	DOG	CAT	OTHER	MALE	NEUTERED	FEMALE	SPAYED
(1)							
(2)							

PET #	BREED/microchip#	COLOR	MONTH BORN	YEAR BORN
(1)				
(2)				

AT **ANIMAL CARE CLINIC**, WE CONTINUALLY STRIVE TO PROVIDE THE HIGHEST QUALITY SERVICES THROUGH A RESPONSIVE PROFESSIONAL STAFF WITH EMPHASIS ON INDIVIDUAL ATTENTION AND COMMITMENT TO EXCELLENCE IN ANIMAL HEALTH CARE.

**PAYMENT IN FULL IS DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED.**

FOR YOUR CONVENIENCE, WE ACCEPT CASH, CHECKS AND MAJOR BANKCARDS (VISA, MASTERCARD, DISCOVER) AND CARE CREDIT AS FORMS OF PAYMENT.

*THE ABOVE LISTED CUSTOMER AGREES, BY SIGNING THIS AUTHORIZATION, TO PAY INTEREST AT THE RATE OF 1.50% PER MONTH, WHICH IS THE ANNUAL PERCENTAGE RATE OF 18% ON ANY PAST DUE ACCOUNT, AND TO PAY THE REASONABLE ATTORNEY'S FEES AND COURT COSTS OF ANIMAL CARE CLINIC OF FOX VALLEY, P.C., THAT ARE INCURRED IN THE COLLECTION OF ANY PAST DUE ACCOUNT.*

**I HAVE READ/COMPLETED THIS FORM, UNDERSTAND IT AND AGREE TO ITS TERMS.**

Signature: _____	Date: _____
Witnessed By: _____	