

# PAWS & CLAWS ANIMAL HOSPITAL

We look forward to serving you and your pet. Please complete the following information for our records.

Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Home phone \_\_\_\_\_ Pager/Cell phone \_\_\_\_\_

Work place \_\_\_\_\_ Work phone \_\_\_\_\_

Spouse's name \_\_\_\_\_ Work phone \_\_\_\_\_

	PET #1	PET #2	PET #3
Pet's name			
Species			
Breed			
Color/Age			
Sex (neutered?)			
Allergies to any meds?			
Any problems?			

**BILLING POLICY:** Payment is due at the time of service. It is our policy not to extend credit for routine office visits and elective surgeries. We accept cash, check, Visa, or Master Card. In case of emergency, if full payment cannot be made, all charges must be prior approved by the veterinarian or office manager.  
***There is a \$30.00 fee for all returned checks.***

**I HAVE READ AND AGREE TO THE ABOVE CONDITIONS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WE APPRECIATE YOUR BUSINESS!  
WHO CAN WE THANK FOR YOUR REFERRAL? \_\_\_\_\_

If anyone lists you as a referral source a \$20.00 credit will be applied to your account. Thank you for trusting us with friends and family.