



CLIENT INFORMATION

Thank you for choosing Critter Care to care for your critter! To ensure that we provide the highest level of care and ideal treatment plan for you and your pet, we kindly request this form be completed in its entirety.

Details

Owner's name: _____ Co-Owner's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Email: _____ Alternate phone: _____
Preferred contact method: home phone cell phone email other : _____
SIN/SS #: _____ Driver's license #: _____
Employer's name: _____
Employer's address: _____
Emergency contact name: _____ Emergency contact number: _____
Preferred method of payment: cash check debit card credit card (+3% terminal fee) CareCredit

Financial Policy

Our mission is to provide exceptional medical and surgery care for all animals at a realistic cost to our clients. As an independently owned and operated small business, we can only continue to fulfill our mission when complete payment for the services and products we provide is prompt. To continue to provide the uncompromising care we know our clients and patients deserve, we require payment in full at the end of each veterinary visit, treatment, service, and/or at the time of discharge. In some situations (described below), a deposit will be required.

We accept several convenient payment methods:

- cash
- checks
- debit cards
- all major credit cards
- CareCredit (www.carecredit.com)

Deposits & Billing

Procedures requiring anesthesia and hospitalization require a minimum deposit of 50%. Comprehensive care, such as blood work, may require an 80% deposit to begin treatment. In the event a client's account is 30 days past due, a 20% administrative fee will be applied. If a client's account becomes 60 days past due, the total delinquency will be relinquished to a collection agency.

Please sign below to acknowledge that you are 18 years or older, have read and understood this financial policy, accept total financial responsibility, and agree to pay the account balance in full upon services rendered. Your signature on this document signifies your agreement to the terms of payment and acceptance of all responsibility for your pet.

Client's signature: _____ Printed name: _____ Date: _____