

Patient Registration

Pet's name: _____ Breed: _____

Microchip or Tattoo Number: _____

Date born: _____ Color: _____ Sex: _____

Spay/Neuter

History of any previous surgery, treatments, or medications: _____

Name of Previous Veterinarian: _____

Address or Phone Number with Area Code, if possible

Dates of Last Vaccinations:

Canine:

Distemper – Hepatitis – Parinfluenza - Parvo
– Corona: _____ 1 – year or 3 – year

Leptospirosis: _____

Bordetella: _____

Rabies: _____ 1 – year or 3 – year

Fecal Exam: _____

Last Heartworm Check: _____

Feline:

Feline Distemper/ Upper Respiratory
Vaccine: _____ 1 – year or 3 – year

Feline Leukemia Test: _____

Feline Leukemia: _____

Rabies: _____ 1 – year or 3 - year

Fecal Exam: _____

If animal is hospitalized, do you authorize any necessary treatments without contacting you?

YES

NO

Please Circle one

PAYMENT POLICY FOR SERVICES RENDERED

For your convenience, we accept cash, checks, Visa, Master Card, Discover, American Express and debit cards. We will be happy to discuss any fees with you before your appointment or give you an estimate at any time for services. It is our policy to charge \$25.00 for any returned checks. There will be a finance charge applied to all accounts unpaid after 30 days. Finance charge is computed by a periodic rate of 1.50% per month, which is the annual percentage rate of 18.00%. There is a minimum finance charge of \$9.00 per month.

FINANCIAL RESPONSIBILITY AGREEMENT

I, the undersigned, understand and acknowledge that if an account balance is not paid in a timely fashion, I will be responsible not only for the balance due but any collection and/or reasonable attorney fees that are incurred in the collection process. I understand that Great Falls Veterinary Clinic Inc. reserves the right to add an additional twenty-five to fifty percent fee if my account is sent to outside credit collections and that the Great Falls Veterinary Clinic Inc. will report delinquent accounts to all credit reporting agencies.

I have read the Payment Policy and the Financial Responsibility Agreement and understand its contents.

Print Name

Signature

Date