



CLIENT UPDATE SHEET

1. Please verify all **highlighted** information.
2. Make any corrections necessary.
3. Sign the bottom of the form.

Preferred Contact Method: Call Text Email

Owner's Name: <first-name> <last-name> _____

Owner's Address: <address> <address2> _____

City, State, Zip: <city>, <st> <zip> _____

Primary Phone: <area> <phone> Cell Home Work Other _____

Secondary Phone: <business> Cell Home Work Other _____

Additional Phone: <cell-phone> Cell Home Work Other _____

Email: <e-mail> _____

Active Pets: <animal-names> _____

OUR FINANCIAL POLICY

- We expect full payment at the time of service/discharge unless PRIOR arrangements have been made.
- We accept cash, check, Visa, MasterCard, Discover, American Express, Care Credit and debit cards.
- A deposit of 25-50% may be required before extensive services are performed.
- For pets brought in by unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been pre-authorized and arranged with our staff.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance.
- Missed appointments are expensive; time and staff have been arranged just for you. If you find you cannot keep your appointment, please let us know as soon as possible.
- I give permission to have my pet's medical records transferred to and from East Valley Vet Clinic as necessary.
- I give permission for East Valley Vet Clinic to share pictures and stories of me and my pet(s) on their website and in social media.

I have read, understand and agree to the above Financial Policy.

Owner/Responsible Party _____ Date: _____

Co-Owner/Responsible Party _____ Date: _____