

**CAPE FEAR ANIMAL HOSPITAL
3309 BRAGG BOULEVARD, FAYETTEVILLE, NC 28303
PH: (910) 867-0103 FAX (910) 867-2492**

WELCOME TO OUR PRACTICE!

Name: _____
 First M.I. Last Spouse/Other

Address: _____
 Street City/State/Zip County

Home Phone # _____ Cell Phone # _____

Employer/Military Unit: _____ Phone: _____

Email Address: _____ @ _____

How Did You Hear About Us? _____

About Our New Patient/s-

Name	Age	Breed	Sex	Spayed or Neutered	Color/Marking

For their protection, all pets coming to the Hospital must be properly vaccinated. **Proof of a current rabies vaccination is required.** If you do not have written records, we will be happy to contact your former veterinarian to check the history, or we will vaccinate your pet when you come in. Please feel free to discuss this with our staff if you have any questions.

Pet Photo Release: I grant Cape Fear Animal Hospital permission to post my pets' picture, story and medical information on social media. _____
 Signature Date

Financial Policies

In order to keep our fees as low as possible, we do not bill for services. **Your fees will be due and payable in full at the conclusion of today's visit, or at the time of discharge if your pet is hospitalized.** We will be happy to provide a written estimate in advance of treatment, keeping in mind that we cannot always predict the outcome of that treatment. In the case of a lengthy or complicated treatment, a deposit of 1/2 of the anticipated charges will be due now.

I have read the above and assume financial responsibility for the above animal/s.

 Name Date

My account will be settled by: Cash _____ Check _____ Credit Card _____ Care Credit _____

Social Security Numbers are required from all Clients that pay by check: SSN: _____ - _____ - _____