

Massanutten Animal Clinic

Client Information

Date: _____ Name: _____

Address _____ City _____

State _____ Zip _____ Significant other's name/phone: _____

Home phone (____) _____ Cell # (____) _____

Work # (____) _____ Employer _____

Email address: _____ @ _____

Emergency Contact Name : _____ Phone (____) _____

Who/How did you learn about us? Saw sign Google Website Friend referred

Other _____ Referred by? _____

Pet Information

Pet's Name: _____ dog cat other

Sex M F spayed/neutered : yes no Age: _____

DOB: _____ Breed: _____ Color: _____

Last Veterinarian _____ Date _____ Phone # (____) _____

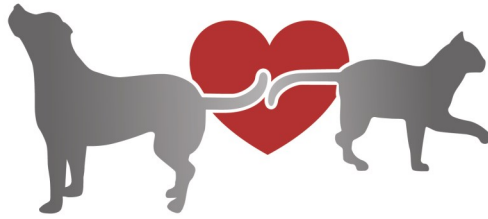
Payment policy

It is the policy of this clinic to collect payment at the time services are rendered. In the event that it becomes necessary to turn an account over to outside collections, the client agrees to pay all costs of collection. This includes any court costs and 25% of attorney fees that may ensue. All accounts with a balance over 30 days will be assessed a 1.5 % late charge monthly.

Abandonment Policy

I understand that my pet will be considered abandoned when Massanutten Animal Clinic has not had contact with me within 14 days of the expected date of discharge. Massanutten Animal Clinic is authorized to dispose of my pet as they deem best, including euthanasia. I understand that I am still financially responsible for all charges accrued.

Signature _____ Date _____



Massanutten Animal Clinic

Disclosure Form

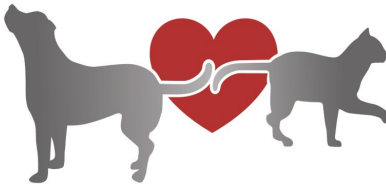
I understand that Massanutten Animal Clinic is open and staffed during the following hours:

Monday 8-7
Tuesday 8-5
Wednesday 8-6
Thursday 8-5
Friday 8-5
Saturday 9-11

Massanutten Animal Clinic is NOT open or staffed during all other hours. Patients are not monitored after normal business hours at this facility. Emergencies are referred to the Veterinary Emergency Services in Verona VA (540) 248-1051.

Signature _____

Date _____



Massanutten Animal Clinic

CLIENT INFO UPDATE

PAYMENT POLICY-

In order to lower costs, it is the policy of this clinic to collect payment at the time services are rendered. In the event that it becomes necessary to turn an account over to outside collections, the client agrees to pay all costs of collection. This includes any court costs and 25 % of attorney fees that may ensue. All accounts with a balance over 30 days will be assessed a 1.5 % late charge monthly.

ABANDONMENT POLICY-

I understand that my pet will be considered abandoned when massanutten animal clinic has not had contact with me within 14 days of the expected date of discharge. Massanutten Animal Clinic is authorized to dispose of my pet as they deem best, including euthanasia. I understand I am still financially responsible for all charges accrued.

I HAVE READ AND UNDERSTAND THE PAYMENT AND ABANDONMENT STATEMENT POLICIES _____ (INITIAL)

NAME: _____ SIGNICANT OTHER'S NAME _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE () _____

CELL PHONE () _____ SIG OTHER CELL () _____

WORK PHONE () _____ EMPLOYER: _____

EMAIL ADDRESS: _____@_____

DRIVERS LIC. # _____ D.O.B. _____
(CLIENT'S)

SIGNATURE _____ **DATE** _____