

## WELCOME TO SPECIAL FRIENDS VETERINARY CLINIC

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First  
Spouse/  
Co-Owner \_\_\_\_\_  
Last First

Main Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Spouse's Cell \_\_\_\_\_  
Spouse's Work \_\_\_\_\_

**\*Please indicate if Main # is cellphone**

Home Address \_\_\_\_\_  
Street Apt/Bldg/Lot # City State Zip Code

Mailing Address \_\_\_\_\_  
(if different) POB City State Zip Code

Place of Employment \_\_\_\_\_  
Name Address City Zip Code

E-Mail Address \_\_\_\_\_

Help us go green! Special Friends Veterinary Clinic will not sell your e-mail address to outside companies. We would like to be able to send you e-mail reminders for your pets.

How did you become aware of our clinic? ☐ Drove By ☐ Yellow Pages ☐ Yellow Pages/Dex Online ☐ New Neighbor Letter  
☐ Our Website ☐ Veterinarian s.com ☐ Referral (Whom may we thank?) \_\_\_\_\_

### ANIMAL INFORMATION

Name	Dog	Cat	Other	Breed	Color	Birth Date or Age	Sex	Neutered/Spayed	
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No

When were your pet(s) vaccinated last? (new clients only) \_\_\_\_\_

Please hand any paperwork you have on your pet(s) to the receptionist so we may record it in the medical record. This can include shelter pamphlets, breeder documents or records from another clinic among other things. Thank you!

**\*Please read and sign our financial policy on the back of this form\***

**\*How May We Contact You? Y/N\***

**Text Message**   **Email**   **Phone**   **Mail**

## Financial Policy

Thank you for choosing Special Friends Veterinary Clinic. Our mission is to provide the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. **Special Friends Veterinary Clinic requires payment in full at the end of your pet's examination and/or the time of discharge.** Initials

### Payment Options:

You can choose from:

- Cash, Debit, Visa, MasterCard, Discover, American Express, and Apple Pay.
- Convenient Monthly Payment Plans from CareCredit
  - o Allow you to begin treatment today and pay over time (6-month no interest or regular revolving plans available)
  - o Available for any treatment amount – pending credit approval
  - o Can be used repeatedly – for your entire family – without having to reapply
  - o Ask one of our employees for an application if you would like to apply

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of \$300 or more, will require a 50% deposit to begin your pet's treatment.

For clients with pet insurance, we are happy to complete the necessary information on the claim form you provide us so you can submit it to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment.

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Owner Name (Please Print)

*Please read and sign this policy on the back of this form.*