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Welcome to Towne South Animal Hospital! Thank you for giving us the opportunity to care for your pet. Please take a few minutes and fill out this form completely. Thank you!

Client Name:					Client ID #:		
Pet Information							
Name	Species (cat, dog, other)	Breed	Color	Birth Date or Approx. Age	Sex (M/F)	Spayed/ Neutered	Previous Veterinarian and their City, State

Do you have pet insurance? Yes No

If yes, please specify below which pet(s), the insurance company and policy numbers – we will be more than happy to file insurance claims for you; however, **all payments are due at time of service** – you will be reimbursed by the insurance company according to your policy.

In order for us to file your claims, we will need a blank claim form – signed by you if required by the company

Pet Name, Insurance Company & Policy #:

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Pet Name, Insurance Company & Policy #:

I assume responsibility for all charges incurred in the care of my animal(s). I also understand that payment is **DUE AT THE TIME OF SERVICE**. We will gladly prepare a written estimate of service fees (please ask our Doctor, VA or CSS). We accept cash, check, Care Credit, Visa, Master Card, American Express, Discover and Care Credit. There will be a \$35.00 service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized or boarded patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Client Signature: _____