Animal Care Hospital

Thank you for entrusting the care of your animal(s) to ACH. So that we can better serve you please complete the following:

CLIENT INFORMATION

YOUR NAME_____ FARM/ RANCH_____
LAST, FIRST, MI

HOME ADDRESS_____ CITY_____ STATE_____ ZIP_____

HOME PHONE_____ MOBILE PHONE _____

YOUR EMPLOYER _____ WORK PHONE _____

E-MAIL ADDRESS_____

EMERGENCY PHONE **(someone not living with you)** _____

SOCIAL SECURITY NUMBER _____-- _____--_____ BIRTHDATE_____

DRIVER'S LICENSE_____ EXPIRATION_____

SPOUSE NAME _____ SPOUSE EMPLOYER _____ WORK PHONE_____

LEGAL AGENTS OF YOUR ANIMALS_____

WHOM MAY WE THANK FOR REFERRING YOU?

__ Fayette Review
__ Horse Review
__ Website
__ Yellow Pages Book
__ Drive-By
__ Internet
__ Individual:_____

PAYMENT

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE WILL GLADLY PREPARE A WRITTEN TREATMENT ESTIMATE. CASH, CHECK, OR CREDIT CARDS ARE ACCEPTED. THERE WILL BE A $20.00 DOLLAR SERVICE CHARGE FOR ALL RETURNED CHECKS. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED DURING THE CARE OF MY PET(S)/ANIMAL(S) AND UNDERSTAND THAT VETERINARY TREATMENT DOES NOT GUARANTEE A SUCESSFUL OUTCOME OR CURE. I AGREE THAT IF THIS ACCOUNT IS PLACED INTO THE HANDS OF AN AGENCY OR ATTORNEY FOR COLLECTION, BY SUIT OR OTHERWISE, I WILL PAY ALL COSTS OF COLLECTION, LITIGATION, AND ATTORNEY'S FEES. I ALSO UNDERSTAND THAT THERE IS A 21% ANNUAL SERVICE CHARGE ON ALL ACCOUNTS OVER 30 DAYS, WITH A 2% MINIMUM MONTHLY SERVICE CHARGE. IF MY ACCOUNT GOES OVER 90 DAYS IT WILL BE TURNED OVER TO A COLLECTION AGENCY.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES & PARASITES, ALL HOSPITALIZED AND BOARDING PETS MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL & EXTERNAL PARASITES. I AUTHORIZE *ANIMAL CARE HOSPITAL* TO PROVIDE IMMUNIZATIONS AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

I UNDERSTAND THAT EQUIDS AND LIVESTOCK ARE INHERENTLY DANGEROUS ANIMALS AND THAT *ANIMAL CARE HOSPITAL* ASSUMES NO RESPONSIBILITY FOR ACCIDENTAL ILLNESS, INJURY, OR DEATH TO ANIMALS, OWNERS/AGENTS, OR OBSERVERS, DURING, OR AS A RESULT OF, VETERINARY TREATMENT.

THE SIGNATURE BELOW INDICATES ACKNOWLEDGEMENT & UNDERSTANDING OF THE ABOVE TERMS.

SIGNATURE OF OWNER OR AGENT_____ DATE_____