

Account # _____



DATE: _____

HAH Use Only
Update Info in
Computer:
Initials:
Date:

Client Information

Primary Owner

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____

Work Phone #: _____ Employer: _____

Email Address: _____

Spouse/Co-Owner

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____

Work Phone #: _____ Employer: _____

Email Address: _____

Preferred Communication Method: (check all that apply) _____ Phone Call _____ Text Message _____ E-mail

Heritage Animal Hospital Has a Webpage and Facebook. If pictures are taken of your pet, may we use them on

our Facebook page and/or Webpage? Yes _____ No _____



Pet Insurance: Yes: _____ Carrier: _____ Policy #: _____ No: _____

How did you become aware of our hospital? Location Website Yellow Pages

Personal Referral (Whom may we thank?) _____

ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED.

Heritage Animal Hospital (HAH) is dependent upon your payment of fees to maintain our high quality of care. The hospital does not extend credit (bill) and you are responsible for all fees for products and services rendered. We will be glad to provide an ESTIMATE OF SERVICES at any time. A deposit will be required prior to initiating treatment.

Personnel are NOT present on premises for 24 hour observation of patients.

Authorization for Examination, Treatment, and Assumption of Financial Responsibility

I, the undersigned, authorize the veterinarian(s) and their staff to examine my pet(s) and to administer any medical, surgical treatments and/or tests, including sedation or anesthesia which is considered necessary based on findings during the course of examination.

I assume responsibility for all charges incurred for services rendered to the patient. I understand there is a \$35 service charge for returned checks and that unpaid accounts may accrue late fees after thirty (30) days. If collection action is necessary on this account, I agree to pay all cost of collection, plus attorney fees of 33% of the balance owed, whether or not a suit is filled.

Signature of Owner or Responsible Agent (18 years or older)

Date

HAH Initials