DeBary Animal Clinic

Client Information

Owner’s Name(s): Click here to enter text. Date:Click here to enter a date.

Address:Click here to enter text. City:Click here to enter text. Zip:Click here to enter text.

Preferred Phone #: (\_\_\_)\_\_\_-\_\_\_\_ [ ]  Cell Phone? Alternate Phone #: (\_\_\_)\_\_\_-\_\_\_\_ [ ]  Cell Phone?

E-Mail: Click here to enter text.

Preferred method of contact: [ ] Email [ ] Phone Call

**Emergency Contact**

Name:Click here to enter text. Relationship:Click here to enter text. Phone: (\_\_\_)\_\_\_-\_\_\_\_

Pet’s NameClick here to enter text. D.O.B:Click here to enter a date.

Pet’s NameClick here to enter text. D.O.B:Click here to enter a date.

**Payment Policy:** We will gladly prepare a written estimate. Please ask any staff member for this information. Professional fees, including medications dispensed, are **due at the time of any service**. Forms of payment that we accept are: cash, MasterCard, Discover, Visa, or Care Credit; unfortunately, due to circumstances beyond our control, we are unable to hold checks or offer in-house payment plans. We appreciate your understanding regarding this matter. Check Acceptance Policy: In the unlikely event your check is returned unpaid, you understand & agree that your check may be electronically re-deposited. You understand & agree that we may collect all bank fees acquired by our financial institution for NSF. \*Driver’s License is required for check processing\*

**No Show Policy:** If you do not show up for your appointment, we will assess a $25.00 no show fee which will apply to your account and will need to be paid before scheduling another appointment.

**Online Pharmacy Orders:** Online pharmacies will require a written script from our doctors. We will be unable to verbally or electronically approve online pharmacy orders. This includes online pharmacies such as Chewy, PetMeds, and Allivet. These pharmacies require that you main in the prescriptions. This excludes compounded medications from Taylor’s or Wedgewood. Please give us 24 hours’ notice in order to get the script ready for you to pick up.

**How did you discover our clinic?**

[ ]  Current Client (Someone we may thank Click here to enter text.)

[ ]  Internet [ ]  Our website [ ]  Drive by office [ ] You were a past client

Would you like your pet’s photo to appear on our website or Social Media?

Yes, please [ ]  No, thank you [ ]

**In signing this document, I agree to DeBary Animal Clinic’s policies & procedures as outlined in this document, as well as those verbally explained to me.**

Click here to enter text.Click here to enter a date.

Signature Date