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 [ ] Text [ ] Phone Call

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

**Emergency Contact**

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

Children’s Names:Click here to enter text.

*(We like to be able to call your children by their names, we hope they will like it too)*

**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, check, 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:** Your check is welcome. By paying for your services & purchases with your check, you are accepting our check acceptance policy. In the unlikely event your check is returned unpaid, you understand & agree that your check may be electronically re-deposited or if necessary, re-deposited by paper draft. You understand & agree that we may collect a returned check processing charge by the same means allowed by state law.

**\*Please provide us with a copy of your Driver’s License for our records for check processing\***

Would you like your pet’s photo to appear on our website or Facebook page?

Yes, please [ ]  No, thank you [ ]

**How did you discover our clinic?**

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

[ ]  Bus bench sign [ ]  Internet [ ]  Our website [ ]  Drive by office

[ ]  Non-client referral [ ] You were a past client [ ]  Printed ad [ ] Gym

[ ] Other: Click here to enter text.

**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