

Account #: _____



Winter Garden Animal Hospital Client Information Sheet

Owners Name: _____ Spouse: _____

Home Address: _____

Mailing Address (if different from above): _____

Primary #: _____ Alternate #: _____

Please circle: (Home / Work / Cell / other) (Home / Work / Cell / other)

Employer: _____ Phone: _____

Email Address: _____

Who is financially responsible for payment? _____

How did you hear about us? Internet (Which site? _____) Phone Book

Referral (Referred by: _____)

PAYMENT AGREEMENT

FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED

WE ACCEPT THE FOLLOWING FORMS OF PAYMENT:

Visa / MasterCard / Debit / Discover / American Express / Care Credit / Personal Checks (ID Required)

Fee for returned checks: Amount determined by face value of the check. If the account is sent to collections, the client will be responsible for all costs incurred to do so.

Your signature authorizes The Winter Garden Animal Hospital to share information regarding your account with referring specialists, other veterinarians, and other boarding facilities if necessary.

Responsible Party's Signature: _____ Date: _____

Are you the owner? Yes No

In case of an emergency, who would you like us to contact? (Name and Phone Number):
