

WELCOME TO CEDAR ANIMAL MEDICAL CENTER

Owner's Name: _____

Spouse/Secondary Owner's Name: _____

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

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

Email Address: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Driver's License/ID #: _____ State: _____ D.O.B: ____/____/____

Employer: _____ Work Phone: (_____) _____

Emergency Contact or Authorized Person to make medical decisions on my behalf:

Name: _____ Phone: (_____) _____

PET INFORMATION:

Name _____ Date of Birth (Age): _____ Male / Female (circle one)

Dog__ Cat__ Other____ Breed: _____ Color: _____ Spayed or Neutered? _____

Name _____ Date of Birth (Age): _____ Male / Female (circle one)

Dog__ Cat__ Other____ Breed: _____ Color: _____ Spayed or Neutered? _____

Payment Policy

FULL PAYMENT FOR PROFESSIONAL SERVICES IS DUE AT TIME OF SERVICE.

A deposit for the low end of the estimate is required prior to treatment and/or surgery. Written estimates will be provided for surgery, trauma, urgent care/emergency services and/or hospitalization. Estimates for additional services are available upon request. All critical cases will receive stabilization prior to providing estimates or collecting of deposits and the owner is financially responsible for all stabilizing care provided. We accept Cash, Personal Check, (New Mexico only), Visa, MasterCard, Discover, American Express, Care Credit and Scratch Pay. There will be a \$35.00 charge on all insufficient fund checks. All delinquent accounts will be turned over to a credit reporting agency for collections.

Our practice firmly believes that a good doctor/client relationship is based upon a clear understanding of these guidelines and open communication between the client and the doctor to provide the best care possible for your pet.

I have read and agree to the payment policy outlined above and understand that I am fully responsible for all services provided by Cedar Animal Medical Center for my pet.

Signature: _____ **Date:** _____