

Welcome to Plaza Pet Clinic!
Thank you for allowing us to be your partner in your pet's health.

Confidential Information and Agreement

Client Name: _____ SS#: _____ - _____ - _____

Spouse's Name: _____ SS#: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone# _____ Work Phone# _____

Cellular Phone# _____ Spouse's Phone# _____

Email: _____

Employer: _____

Spouse Employer: _____

Emergency Contact: _____ Phone: _____

How did you hear about us?

Friend/Family/Neighbor Who? So we can thank them! _____

Plaza Pet Clinic Team Member? Who? So we can thank them! _____

Google Yelp Yellow Pages Facebook Community Event

Saw building/sign Humane Society Which one? _____

Rescue Group Which one? _____ Ad Where? _____

Other _____

Persons Authorized to Bring Pets in for Treatment: _____

How do you plan to pay today? Cash Check Credit Card Care Credit

Responsible Party Authorization

In all cases, professional fees, product purchases, all costs related to treatment, testing, and boarding are the responsibility of the client, spouse, guardian, parents, or co-owner of animal(s).

There will be a \$30 charge on all returned checks.

Payment is expected in full at the time of services rendered. In the event that a payment plan is agreed to in advance by the veterinarian in charge, finance charges (no charge if paid in 30 days of billing date) are computed by a periodic rate of 1.5% per month, which is an annual percentage rate of 18%, applied to the previous balance without deducting current payments and/or credits appearing on any given bill. Upon default in the payment of any bill, the above rate will be charged on the unpaid balance at 1.5% per month until the delinquency is paid. The client or responsible party(s) further agree to pay any and all collection fees incurred, as well as legal expenses, including but not limited to collection agency costs, attorney fees, all court related costs, service and filing fees, interrogatory and garnishment fees, as well as any interest that may be adjudicated for the collection of past due debt on any and all accounts with Plaza Pet Clinic.

Signature _____ Date _____

Print Name _____

Welcome to Plaza Pet Clinic!
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Pet Information

Pet's Name: _____

Dog () Cat () Other _____

Breed: _____

Male () Female () Spayed or Neutered? Yes () No ()

Date of Birth or Approximate Age: _____

Color or Distinct Markings: _____

Any Known Medical Problems? _____

Previous Vet? _____

Previous Vet Phone Number: _____

Additional Pet

Pet's Name: _____

Dog () Cat () Other _____

Breed: _____

Male () Female () Spayed or Neutered? Yes () No ()

Date of Birth or Approximate Age: _____

Color or Distinct Markings: _____

Any Known Medical Problems? _____

Previous Vet? _____



Welcome to Plaza Pet Clinic!
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Plaza Pet Clinic's hours of operation:

Monday, Wednesday, Thursday, Friday	8:00 AM – 5:30 PM
Tuesday	8:00 AM – 8:00 PM
Saturday	8:00 AM – 12:00 PM

Please note that except for the above noted hours of operation, continuous veterinary medical care is not available at Plaza Pet Clinic.

Signature _____ Date _____

Print Name _____