

**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: \_\_\_\_\_ DL#: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cellular Phone# \_\_\_\_\_ Spouse's Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Persons Authorized to Bring Pets in for Treatment: \_\_\_\_\_

**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  Town Hall Guide  Humane Society  Which one? \_\_\_\_\_

Rescue Group  Which one? \_\_\_\_\_ Ad  Where? \_\_\_\_\_

Other \_\_\_\_\_

**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 \$50 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 hospital manager, 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. There is a \$4.00 monthly billing fee that will be applied monthly until the balance is paid in full. 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 \_\_\_\_\_

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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? \_\_\_\_\_

Previous Vet Phone Number: \_\_\_\_\_

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**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 \_\_\_\_\_