

Thank you for choosing Catawba Animal Clinic to provide the highest quality care for your pet.

The legal owner of the pet(s) must be at least 18 years old, who has custody of and who is financially responsible for the pet. Please list others that may bring in your family pet(s) and authorize treatment, medical care and financial arrangements.

Name of Legal Owner(s): (First) _____ (Last) _____ Relationship: _____
 (First) _____ (Last) _____ Relationship: _____
 (First) _____ (Last) _____ Relationship: _____

Other authorized individuals who may bring in pet(s): _____

Address 1:			Work #:
Address 2:			Cell #:
City:	State:	Zip:	E-mail:
Home #:			How did you hear about us?

PET INFORMATION

Pet's Name	Feline/Canine	Breed	M/F	Spayed/Neutered?	Color	DOB
				Y N		
				Y N		
				Y N		
				Y N		

Any serious injuries or surgeries?
Any allergies to vaccinations or medications?
Is your pet on special diets or medications?
Have we seen previous pets of yours?

PAYMENT OPTIONS

Payment for today's visit and your future visits are due at the time of treatment. Our mission is to deliver the finest, most cost-effective health care for your pet. Following diagnosis, the doctor will advise you of our plan for treatment. Additionally, we will discuss with you the cost of today's and future treatments.

Payments may be made with cash, check or credit card. We are sensitive to the fact that urgent veterinary medical care can be an unexpected expense, therefore, we offer CareCredit, an extended monthly payment plan for your convenience.

CareCredit Monthly Payment Plan : This is a separate line of credit which does not effect the balance of your other credit cards. Unlike other cards, there are no annual fees. CareCredit also has an interest free option.*

This monthly payment plan starts with a 3 month interest free option. Processing your application will only take a few minutes. (To process an application you must have a valid drivers license, 2nd I.D., street address, credit history, and at least \$1000.00 a month income). ***Minimum Monthly Payments of 3% or \$15.00.

Signature of Legal Owner: _____ Date: _____
 If Not Legal Owner Relationship To owner: _____
 If Information Different From Above: Address: _____ Phone #: _____
