

Catawba Animal Clinic
2241 India Hook Road
Rock Hill, SC 29732
803-366-8188

Individual Financially Responsible for Pet(s) – Please Print – Must be 18 years of age

First Name: _____ Last Name: _____
 Spouse First Name: _____ Spouse Last Name: _____
 Address 1: _____ Address #2: _____
 City: _____ State: _____ Zip: _____ Primary Phone #: _____
 Alternate #: _____ Spouse Cell #: _____
 Email Address: _____
 How did you hear about us? _____
 Other authorized individuals who may bring in pet: _____

Pet Information

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

Payment Options

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. We will discuss with you the cost of today and future treatments upon request.

We are sensitive to the fact that urgent veterinary medical care can be an unexpected expense; therefore, we do accept CareCredit. This is a separate line of credit which does not affect the balance of your other credit cards. Unlike other cards, there are no annual fees. CareCredit also has an interest free option for amounts over \$200. Processing your application will only take a few minutes, and you can apply online at www.carecredit.com. Application must be approved prior to your scheduled appointment.

Payment for today's visit and your future visits are due at the time of treatment and may be made with cash, check, credit card, or CareCredit.

Signature of Responsible Party: _____ Date: _____

If NOT Pet Owner, Relationship to Pet Owner: _____