

Catawba Animal Clinic
2241 India Hook Road Rock Hill, SC 29732

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

Individual Financially Responsible for Pet(s)

Please Print (Must be 18 years of age)

First Name:	Last Name:
Spouse/Partner First Name:	Spouse/Partner Last Name:
Address 1:	Address 2:
City: State: Zip:	Home #:
Work #:	Cell #:
Spouse/Partner Cell #:	E-mail:
How did you hear about us?:	
Other authorized individuals who may bring in pet:	

PET INFORMATION

Pets' 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

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.

Payment for today's visit and your future visits are due at the time of treatment and 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 an extended monthly payment plan for your convenience.

CareCredit Monthly Payment Plan – 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 \$200.00. 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.

Please indicate below the form of payment you wish to choose to settle your account: Cash
or Check Visa, Mastercard Discover AmericanExpress
 CareCredit – **Application must be approved before your appointment.**

Signature of Responsible Party: _____ Date: _____

If Not Pet Owner—Relationship To Pet Owner _____