NEW CLIENT INFORMATION

Critter Creek Veterinary Hospital

Thank you for giving Critter Creek Veterinary Hospital an opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER'S NAME: LAST		FIRST	FIRST		SPOUSE'S NAME	
ADDRESS		CITY		STATE	ZIP	
RESIDENCE PHONE NO.		FAX NO.	FAX NO.		EMAIL ADDRESS	
SOCIAL SECURITY NO. (Optional)		DRIVER'S LI	DRIVER'S LICENSE		EMPLOYMENT PHONE NO.	
EMPLOYMENT		EMPLOYME	EMPLOYMENT ADDRESS			
SPOUSE"S EMPLOYMENT		EMPLOYME	EMPLOYMENT ADDRESS			
SPOUSES SOCIAL SECURITY NO. (Optional)		SPOUSES D	SPOUSES DRIVER'S LICENSE NO.		SPOUSES EMPLOYMENT PHONE NO.	
BY WHOM WERE YOU REF			'	()		
PET (S) NAME (S)						
	YES 🖵	NAME:		TY	'PE:	
DO YOU HAVE OTHER PET:	S AT HOME? IF YES, NAI NO 🖵			TY	PE:	
Professional fees are to be paid at the time services are rendered. I authorize treatment for my pet(s). I agree to pay all fees and charges for such treatment.						
radinenze treatment for my pet(s). Fagree to pay an rees and charges for such treatment.						
FEES: We are sensitive to the fact that you want a clear understanding of your financial obligation regarding your pet treatment. A written fee estimate will be provided prior to embarking on any extensive treatment.			In cases where hospital treatment, emergency care, surgery or hospitalization is necessary, a 50% deposit is required at the time treatment begins with the balance due prior to or at the time your pet is released.			
I will be paying for today's charges by: 🗖 Cash 📮 Check 📮 VISA / Master Card						
As a member of the Credit Bureau of Yuba County, we reserve the right to make credit inquiries. All unpaid balances will bear interest at the rate of 1-1/2% per month (APR 18% per annum) and will be charged a \$3.00 per month billing charge. Accounts not paid as agreed will be placed for collection with I.C. Systems, Inc. Client will be responsible for costs of collections including attorney's fees and costs.						
SIGNATURE		DATE				
SIGNATURE (If other th	an Owner):					