

Downey Veterinary Hospital
11220 Brookshire Ave.
Downey, CA 90241
(562) 923-0763

For Office Use Only
Case #

ACCURATE MEDICAL RECORDS ARE CRITICAL. PLEASE FILL OUT COMPLETELY.

**** OWNER MUST BE 18 YEARS OR OLDER ****

[Dr.] [Mr.] [Mrs.] [Ms.] [Miss] (Circle One)

Pet Insurance: Yes [] No []

OWNER'S LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

E-MAIL ADDRESS _____ CELL () _____

BIRTH DATE _____ DRIVER'S LIC # _____ EXP DATE _____

SOCIAL SECURITY:(required by law if a controlled substance is prescribed to your pet) _____

EMPLOYER _____ PHONE () _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

AUTHORIZED OWNER/AGENT: (Anyone you give authorization to make decisions regarding your pet's health. Must be over 18 years old.)

Name: _____ Phone #'s: _____

Spouse() Domestic Partner() Fiancé() Boyfriend/girlfriend() Roommate() Friend() Parent() Family Member() _____

Birth Date _____ Driver's License # _____ Exp. Date: _____

Name: _____ Phone #'s: _____

Spouse() Domestic Partner() Fiancé() Boyfriend/girlfriend() Roommate() Friend() Parent() Family Member() _____

Name: _____ Phone #'s: _____

Spouse() Domestic Partner() Fiancé() Boyfriend/girlfriend() Roommate() Friend() Parent() Family Member() _____

How were you referred to us? Internet _____ Sign _____ Friend _____ Phone Book(name) _____

If you were referred by a friend, please let us know their name; so we can send a Thank You card

Name _____ Address _____

I UNDERSTAND THAT ALL FEES ARE TO BE PAID at the time services are rendered and that credit will not be issued.

I also understand that there is a \$35.00 cancellation/rescheduling fee for any procedure not cancelled/rescheduled 72 hours PRIOR to scheduled procedure.

Signature _____ Date _____

PET INFORMATION:

Pet's Name _____

Pet's Name _____

Breed _____

Breed _____

Sex: Female() Male()

Sex: Female() Male()

Neutered: Yes() No()

Neutered: Yes() No()

Color _____

Color _____

Date of Birth _____

Date of Birth _____

Micro Chip# _____

Micro Chip# _____

COMPLETE REVERSE SIDE

Downey Veterinary Hospital

11220 Brookshire Ave. | Downey, CA 90241 | Phone 562-923-0763 | Fax 562-923-3636

FINANCIAL POLICY

Thank you for choosing Downey Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Downey Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Debit, Visa[®], MasterCard[®], American Express[®], Discover Card[®]
- Convenient Monthly Payment Plans¹ from CareCredit[®]
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹
- Check (with account holder's valid government issued ID)

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of \$200.00 or more, will require a minimum 50% deposit to begin your pet's treatment.

Additional Policy Information:

Downey Veterinary Hospital charges \$50 for returned checks.

A \$25.00 late fee will be assessed each month for any outstanding balance 30 days past due. Accounts past due over 90 days will be subject to collections.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

¹Subject to credit approval