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WELCOME TO SHAWNEE ANIMAL CLINIC

Thank you for giving us the opportunity to provide care for your exceptional pet. Please help us meet your needs by taking a moment to share some important personal information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

Date: _____

Client's Name: _____ Spouse/Other: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Driver's License #: _____ Emergency Contact #: _____

Employer: _____ Work Phone: _____

E-MAIL ADDRESS: _____

Shawnee Animal Clinic will freely prepare a written estimate if you ask the Technician or Doctor. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases with extensive medical care or surgical procedures, we understand full payment may be difficult at discharge. We accept Cash, Personal Check, Visa, Master Card, Discover and Care Credit. There will be a \$30.00 fee for any returned check.

To prevent the spread of any infectious diseases, all hospitalized patients must be current on all vaccinations and free from both internal and external parasites. The signature below authorizes this level of preventive care and otherwise the appropriate charges will be added onto the discharge invoice.

Signature of Responsible Agent for Pet(s): _____ Date: _____

Personal Recommendation (Whom May We Thank?): _____

