VILLAGE VETERINARY CLINIC
Clinic/Patient Information

Thank you for giving us the opportunity to care for your pets. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

PLEASE READ CAREFULLY / PLEASE PRINT IN ALL SPACES

OWNERS NAME_____ SPOUSE/OTHER_____
ADDRESS_____ CITY_____ STATE____ ZIP_____
CHILDREN/VISITORS NAMES_____
HOME PHONE_____ DL#_____ SS#_____
EMPLOYER_____ WORK PHONE_____
*OK TO CALL AT WORK*_____
SPOUSE/OTHER EMPLOYER_____ WORK PHONE_____
*OK TO CALL AT WORK*_____
IF STUDENT, PARENTS HOME ADDRESS & PHONE_____
_____
Alt ER number_____
How did you first hear of our hospital/someone we can thank?_____
EMAIL ADDRESS, *IF YOU WOULD LIKE TO RECEIVE REMINDERS VIA EMAIL*_____

To prevent the spread of infectious diseases, all hospitalized, boarding, or pets dropped off must be current on all vaccines. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

We will gladly prepare a written estimate if you desire (please ask the doctor). This will be important to you, since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We gladly accept Master Card, Visa, American Express, & Discover cards. There will be $27.00 service charge for any returned check.

I agree this account is payable at the time services are rendered. It is also agreed past due accounts are subject to all costs of collection, including attorney's fees. I am the owner, or authorized agent of the animal presented for care. All accounts are subject to a minimum billing charge of $3.00 or a finance charge of 1.5% per month equivalent to an Annual Percentage rate of 19.5 %.

_____ _____
Signature Date

Our policy is that all medical records are kept CONFIDENTITAL. However, in certain instances, other providers request medical information(e.g. vaccine history for boarding) and by signing this you authorize Dr. Kuykendall & VVC, LLC to disclose such information to the requesting party. If you do not sign, NO information will be given to any third party.

_____ _____
Signature Date

ESSENTIAL PET INFORMATION

Cat	*Dog*	*Pet's Name*	*Breed*	*D/O/B*	*Color*	*Sex*	*S/N*	*Vaccine Date*