

Shaw Veterinary Hospital
Client Information Sheet

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

Mr. Mrs. Ms. Dr. _____

Address _____ Apt _____ City _____ State _____ Zip _____

Home Ph _____ Wk Ph _____ Cell _____

Place of Employment _____ Driver's License _____

E-Mail Address _____

May we call you at work? _____ Spouse's Name _____

Spouse's Work _____ Spouse's Work Phone? _____

*How did you become aware of our hospital? _____

* Personal recommendation (whom may we thank?) _____

Financial Policy: All fees are due at release of patient. We accept cash, personal checks, Visa, Mastercard, or American Express for your convenience.

Returned Check Policy: There is a \$35.00 charge for returned checks.

Unpaid Balances: Interest of 1.5% per month will be charged. Min. \$1.00. Minimum payment 25% of balance or 50%, whichever is greatest.

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT:

I hereby authorize the doctor on duty (and assistants the doctor may designate) to administer treatment/surgery as considered therapeutically and/or diagnostically necessary. I understand that there may be risks involved.

I certify that I have read and understand this authorization for medical/surgical treatment, and financial policy.

Signature of owner or responsible agent _____

A written notice is required if there will be no one in attendance during hospitalization.

There will be no one in attendance during the hours this hospital is closed.

Thank you for giving us the opportunity to care for you and your companion!