

<u>Owner's Information</u>	
Owner:	Spouse:
Address:	City:
State:	Zip Code:
Email:	
Cell Phone:	Home Phone:
Employer:	Work Phone:
Driver's License #:	Social Security #:
How would you like to receive reminders? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both	
<u>Pet's Information</u>	
Pet's Name:	Breed:
Color:	Birthday/Age:
<input type="checkbox"/> Feline <input type="checkbox"/> Canine	<input type="checkbox"/> Male <input type="checkbox"/> Female
Has this pet been spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your pet aggressive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Photo/Video Release and Liability Waiver ----- I hereby permit Monticello, Warren and Dallas County Animal Clinics to use pictures and videos taken, in which my pet may appear, for purposes of communications and marketing about the clinics. <i>(Initial _____)</i>	

Payment is Due In Full At The Time Services Are Rendered

I understand that if I do not pay this account as agreed, the account is the subject to costs of collection, attorney fees and including interest (any balance that is carried over a period of 60 days will accrue a monthly finance charge of 5%). Return check fee is \$30.00. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. By signing this form I agree to the payment terms above.

WE ACCEPT THE FOLLOWING: CASH, CHECK, MASTERCARD, VISA, DISCOVER and when we can, sometimes arrange for CARE CREDIT.

Signature:	Date:
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