



Welcome To

# San Clemente Veterinary Hospital



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Number(s): Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License: \_\_\_\_\_ License State: \_\_\_\_\_

Co-Owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number(s): Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Co-Owner's Employer: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

- Drove By   
  Newspaper   
  Yelp   
  Facebook   
  Google   
  LocalVets.com  
 Website   
 Friend: Who may we thank? \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? N / Y Microchipped? N / Y, # \_\_\_\_\_

Does this pet have Insurance? N / Y If yes, which one? \_\_\_\_\_

Veterinary Hospital that has previous records: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? N / Y Microchipped? N / Y, # \_\_\_\_\_

Does this pet have Insurance? N / Y If yes, which one? \_\_\_\_\_

Veterinary Hospital that has previous records: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize San Clemente Veterinary Hospital's veterinarians to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. I understand and agree that in the event of default, to pay reasonable collection and/or attorney fees.

To prevent the spread of infectious diseases and parasites, hospitalized/boarding animals must be current on vaccines and free of internal and external parasites.

I also authorize San Clemente Veterinary Hospital to photograph my pet for medical records and social media purposes, any photographs taken of my pet may be used in electronic or printed material for publicity or advertising purposes.

X \_\_\_\_\_

Owner's signature

\_\_\_\_\_

Date

OFFICE USE:

Scanned by: \_\_\_\_\_

Please see reverse page →

# Financial Policy

We will do our very best to help you maximize the health of your pet while staying in line with what you can afford. The reality is that financial considerations are an integral component of veterinary care, and we want you to feel comfortable discussing that with us.

To help, we will review a treatment plan that includes cost estimate with you in advance of all surgical procedures or non-routine medical workups. We provide the best medical and surgical care that we can for your pets. That means hiring quality employees who get continuing education to keep on top of veterinary medical advancements. We understand that this high standard of care can be costly, and we offer the following as our policy:

1. **Payment is expected at the time of service.** Payment methods accepted are Cash, Visa, MasterCard, American Express, Discover Card, and CareCredit.
2. In the rare event that a check is accepted, SCVH charges \$35 for returned checks. Please be prepared to pay with our other forms of payment.
3. Emergency cases for clients with delinquent accounts will be taken only after arrangements for payment in full are made.
4. Non-emergency services/treatments will be done AFTER delinquent account is paid in full.

## CareCredit:

CareCredit is a healthcare credit card designed for your health and wellness needs including veterinary care. It's a way to pay for the costs of treatment and procedures and allows you to make convenient monthly payments. To qualify, CareCredit requires an application and credit check. We offer CareCredit under the following term options:

- a. 0% Interest for 6 months (available for transactions over \$200)
- b. 14.90% Fixed Interest for 24 months (available for transactions over \$1,000)

Note: Transactions under \$200 are charged per standard account terms of 26.99% APR.

## Deposits:

For surgical or hospitalized care, a deposit will be required. For established clients, treatment plans requiring comprehensive care and or surgery of \$500 or more, will require a 75% deposit to begin your pet's treatment. Clients without a prior payment history will need to leave a 75% deposit of whatever amount is estimated for all comprehensive care. Deposits cannot be made via check.

A \$200 deposit if required for all scheduled surgeries. Specialty services require a \$350 deposit.

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I have read, understand, and agree to the Financial Policy above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_