



VetSpine

**Animal Chiropractic &
Wellness Care**

**Dr. Megan Repking DVM, CVSMT
847-313-9784**

**megan.repkingdvm@gmail.com
www.VetSpine.com**

Dear Client,

Thank you for entrusting us with your dog's care.

VetSpine Animal Chiropractic and Dr. Megan Repking is committed to improving your dog's well being. Dr. Repking uses a Whole Animal approach in her medicine and utilizes Eastern medicine techniques.

We are here to help, please do not hesitate to contact us with your questions. You can email us at VetSpine.Manager@gmail.com or for more urgent matters you may text us at 847-313-9784.

We look forward to seeing you at your appointment.



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CLIENT INFORMATION FORM

Client Name: – Please include any business or farm names to be included on the account.

Mailing Address: – Please include city, state, and zip.

Email Address: – *Statements and Session Reports are sent electronically.*

Cell Phone Number:

Yes, I agree to receive text message from VetSpine Animal Chiropractic at the phone number listed above. Message frequency varies and may include appointment reminders, service or order information, billing and collection, promotion messages, etc. Message and data rates may apply. Opt out at anytime by reply STOP or UNSUBSCRIBE. Please note, opting out of receiving text messages will limit communication between you and our office to email only. Response time via email is 24-48 business hours. You can access our Privacy Policy at <https://policies.google.com/privacy>

PET'S BACKGROUND INFORMATION

Dog's Name:

Reason for Visit: -

VETERINARY SERVICES AUTHORIZATION:

1. _____ I authorize my representative:
_____ to request services for my dog on my behalf and I agree that I will accept financial responsibility for the veterinary services performed on my behalf.

2. _____ I do not authorize anyone other than myself to request services for my dog.

CREDIT CARD AUTHORIZATION:

Card Type: Amex _____ Visa _____ Mastercard _____ Discover _____

Card Number: _____ Billing Zip: _____

Expiration Date: _____ Security Code _____

Authorization for Card on File: _____
(Sign name here)

Name & Billing address of card holder if different than above

Itemized Statements are sent within 5 days of service and are due upon receipt. It is our policy to charge the card on file by the 5th business day of the month for the prior month's services. There is a 3.5% processing fee for all credit card payments. Cash, Check, Zelle and Venmo are accepted with no additional fees. Interest begins to accrue after 30 days from the date of the invoice at a rate of 24% annually.