

TENINO VET CLINIC

NAME
LAST NAME FIRST NAME M.I. SPOUSE

PHYSICAL ADDRESS

MAILING ADDRESS

CITY STATE ZIP

HOME PHONE CELL CELL PROVIDER FOR TEXT REMINDERS

WORK NUMBER PLACE OF WORK

DRIVERS LICENSE EXPIRATION DATE STATE

SPOUSES PHONE PLACE OF WORK WORK PHONE

EMERGENCY CONTACT PHONE:

SIGNATURE EMAIL ADDRESS

PROFESSIONAL FEE POLICY

All fees are to be paid at the time services are rendered or upon discharge from the clinic. A deposit may be required prior to treatment for non- elective or emergency procedures. Cash accounts allow us to operate with greater efficiency, thereby reducing your costs. This policy is not meant to be a reflection on your credit.

A \$50 fee will be charged for missed appointments without 48 hour notice.

Method of payment: (Please circle one) Cash Credit Card Care Credit Card Debit Card

Tenino Veterinary Clinic Hospital/Boarding Agreement

The following requirements must be met to hospitalize or board at the Tenino Veterinary Clinic.

1) Veterinary records showing proof of vaccinations being current on pet requiring hospital or boarding. Canine Vaccines required are: DAPP, Lepto, Bordetella and Rabies Vaccines. Feline Vaccines required are : FVRCP, FELV and Rabies Vaccines.

2) Owner authorizes Tenino Vet Clinic to perform any necessary medical treatment in the event of illness , or injury during hospital stay or boarding. Owner will not hold Tenino Vet Clinic responsible in the event of injury or escape.

3) Owner understands that animals will only be released during NORMAL BUSINESS HOURS and that all fees must be paid at time of pet release from Tenino Vet Clinic.

By signing owner shows understanding and agreement of all the above requirements.

Owners Signature:

How did you hear about us? _____

Previous Vet Clinic: _____ Phone: _____

Date: _____