

Welcome to the Animal Hospital of Fayetteville

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. Please fill out all information completely.

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We take MasterCard, Visa, Discover, American Express, and Care Credit. There will be a \$30.00 service charge for any check returned unpaid. PLEASE NOTE: there will be a 1 1/2% service charge fee or a minimum of \$3.00 for all accounts over 30 days past due.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and appropriate charges will be addressed on the discharge invoice.

	Date
nature of Responsible	Agent for Pet(s)

How did you hear about us?

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	CAT	DOG	OTHER	PET'S NAME	AGE	FEMALE (F)	SPAYED (N)	BREED	COLOR
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