

# SAUCIER VETERINARY HOSPITAL

## OWNER INFORMATION

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SPOUSES NAME OR OTHER CONTACT NAME: \_\_\_\_\_

### **MUST HAVE IF PAYING BY CHECK OR CREDIT CARD. NO EXCEPTIONS!!!**

SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ ST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ **PLEASE PROVIDE OUR STAFF WITH A COPY OF YOUR DRIVERS LICENSE.**

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE : \_\_\_\_\_ MAILING ADDRESS (IF DIFFERENT) : \_\_\_\_\_

HOME PHONE# : \_\_\_\_\_ CELL# : \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT (IF YOU CAN'T BE REACHED)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMPLOYER : \_\_\_\_\_ WORK PHONE : \_\_\_\_\_

## PERSON RESPONSIBLE FOR BILL (IF DIFFERENT FROM ABOVE)

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ ST \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE : \_\_\_\_\_ MAILING ADDRESS (IF DIFFERENT) : \_\_\_\_\_

HOME PHONE# : \_\_\_\_\_ CELL# : \_\_\_\_\_ EMPLOYER INFO: \_\_\_\_\_

## ANIMAL INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Male/Female \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **VACCINE HISTORY**

ANIMAL NAME \_\_\_\_\_ VET \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE \_\_\_\_\_

ANIMAL NAME \_\_\_\_\_ VET \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I also understand that veterinary Medicine can be labor intense and involve very high overhead and it is essential to pay for all services when they are rendered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SEE BACK PAGE FOR IMPORTANT POLICIES AND PAYMENT OPTIONS!!!**

# SAUCIER VETERINARY HOSPITAL POLICIES & PAYMENT OPTIONS

## **PAYMENT OPTIONS:**

- \*CASH-DEBIT CARDS
- \*CHECKS- MUST BE APPROVED BY Crosscheck
- \*CREDIT CARDS- VISA, MASTERCARD, DISCOVER, & AMERICAN EXPRESS
- \*CARE CREDIT- ASK RECEPTIONIST FOR MORE INFORMATION

## **DEPOSITS**

- \*All non-elective procedures and/or emergencies requiring an over-night stay will require a deposit to be determined by SAUCIER VETERINARY HOSPITAL. Deposits must be made to our satisfaction before any further treatment after stabilization.
- \*Payment in full must be made at the time of discharge.

## **CARE CREDIT PAYMENTS**

- \*You must follow all Care Credit guidelines.

## **HELD CHECK PAYMENT PLAN**

- \*All checks must be pre-approved by Crosscheck. (No exceptions)
- \*NO check will be held over 21 days.
- \*You must provide a current copy of your driver's license/state issued ID, physical address, social security number, and date of birth.
- \*Check writer must agree, completely fill out, and sign paperwork.
- \*Client will be charged held check fees according to Crosscheck's fees.  
(If you would like more information on this payment plan please ask a staff member.)

## **SVH POLICIES:**

### **VACCINATIONS AND TESTING**

- \*We require PROOF of all vaccines and heartworm testing/preventions for dogs & Felv/Fiv test for cats.
- \*If this information is not available we will need to update these vaccinations etc. at the doctor's discretion. (This is for the protection of our staff, your animal, as well as others who may be in our care.)

### **DELINQUENT PAYMENTS**

If for any reason payment is not received:

- \*All accounts that are left unpaid longer than 30 days will be charged a \$5 finance fee automatically each month.
- \*All accounts that are left unpaid longer than 60 days will be sent for collection.
- \*All accounts that are sent for collection are not only responsible for unpaid balance, but also late charges, accumulated interest, attorney's and/or court fees, and any other fees associated in collecting the unpaid balance.

***ALL ACCOUNTS MUST BE PAID IN FULL AT TIME OF VISIT!!!!***

I have read, completely understand, and agree to comply with all above policies and payment options.

Signature \_\_\_\_\_ Date \_\_\_\_\_