

FAN VETERINARY CLINIC CLIENT INFORMATION

CLIENT# _____

Welcome to the Fan Veterinary Clinic! We have been caring for Fan pets since 1981 and now are pleased to have the opportunity to take care of your pet. Our goal is to give you and your pet the best medical care and most efficient service. To us your pet is a VIP, very important pet! To help us know you and your pet better, please print the following information.

NAME _____ **DRIVER'S LICENSE#** _____
 Dr. Mr. Mrs. Ms. Last First

ADDRESS _____
 Street City State Zip

EMPLOYER _____ **ADDRESS** _____

We make a reminder call the day before your appointment, and it is important that you get the message. Please circle the number you want us to call and leave a message on.

TELEPHONES: HOME _____ **WORK** _____ **CELL** _____

E-MAIL _____ **SPOUSE NAME** _____ **PHONE** _____

How did you hear about the clinic? Yellow Pages _____ Clinic Awning _____ Reputation _____ Internet _____

Other _____ Recommendation from one of our clients _____

Who may we thank for the referral? _____

Information on Your VIP Very important Pet #1

PET'S NAME _____ **CAT or DOG & BREED** _____

COLOR _____ **BIRTHDAY** _____ **SEX** _____ **SPAYED/NEUTERED**

Dates of Immunizations FOR DOGS- Distemper _____ Rabies _____ Heartworm _____

FOR CATS- Distemper _____ Rabies _____ Leukemia _____

Information on Your VIP Very Important Pet #2

PET'S NAME _____ **CAT or DOG & BREED** _____

COLOR _____ **BIRTHDAY** _____ **SEX** _____ **SPAYED/NEUTERED**

Dates of Immunizations FOR DOGS- Distemper _____ Rabies _____ Heartworm _____

FOR CATS- Distemper _____ Rabies _____ Leukemia _____

Payment Policy: Payment due at time of services rendered. We accept cash, checks with ID, Visa, Discover or Master Card credit or debit cards. Any balance due is subject to 12% interest plus collection and/or attorney fees. There is a \$27 returned check fee. It is our policy to provide you with an estimate of emergency care, hospitalization, or surgery. For these services, a deposit of \$100.00 or more is required prior to hospitalization for sick or injured pets. Because we set up and save appointment times for your pet, a 24-hr. cancellation notice is required or there is a \$15.00 no show fee. I understand and accept this policy.

SIGNATURE _____ **DATE** _____

Again, welcome to the Fan Veterinary Clinic! We hope you will always feel free to discuss any problems relating to the well being of your pet or to ask about any of our policies. We look forward to meeting and caring for you pet. Each pet is very important to us. Thank you for the opportunity to care for your pet.