

CLIENT INFORMATION

Date: _____

Name: _____ Title: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Ok to contact you at your work phone? Y or N

Preferred method of contact: Home, Cell or Work (Circle one)

Employer: _____ Email Address: _____
(We would like to email you specials and coupons!)

Driver's License Number: _____ Date of Birth: _____

How did you hear about us? _____

How will you be paying? Cash Check Credit Card

By signing this waiver, you are giving us permission to charge your credit card in the event that you bounce or put a Stop Payment on your check. We will charge your card for the account total and the appropriate fees.

Pet Name: _____ Age: _____ Color _____

Breed: _____ Sex: _____ Spayed or Neutered? Y or N

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Financial Policy

Thank you for choosing Grand Valley Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available to your pet. An important part of the mission is making the cost of the optimal care as easy and manageable for our clients as possible by offering several payment options. Grand Valley Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, Mastercard®, or Discover Card®
- In some cases for first time clients our policy is to verify bank funds to avoid addition bank fees.
 - Convenient Monthly Payment Plans* from CareCredit®
 - Allow you to begin treatment today and pay over time
 - Available for any treatment amount
 - Can be used repeatedly-for your entire family-without having to reapply*

For some treatment or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care will require a deposit of 50% or more of the expected cost to begin your pet's treatment.

Additional Policy Information:

Grand Valley Veterinary Hospital charges \$40.00 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

All sales are final. We have a no return policy for all purchases including but not limited to over the counter items, prescription medications, food and pet supplies.

If you have any questions, please don't hesitate to ask. We are here to provide the best veterinary care available to your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

*Subject to credit approval