

# Pine Street Animal Clinic

## New Client Form

Welcome to our practice! Thank you for giving us the opportunity to care for your pet! Please help us meet your needs better by taking a moment to complete this information sheet.

Date\_\_\_\_\_ Reason for visit\_\_\_\_\_

Owner's Name\_\_\_\_\_ Spouse/other\_\_\_\_\_

Driver's License#\_\_\_\_\_ Spouse DL#\_\_\_\_\_

Address (physical & mailing)\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip code\_\_\_\_\_

Home phone\_\_\_\_\_ Cell phone\_\_\_\_\_ e-mail\_\_\_\_\_

Employer's name, address, and phone number\_\_\_\_\_

\_\_\_\_\_

Spouse's employer's name, address, and phone number\_\_\_\_\_

\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone number\_\_\_\_\_

(other than yourself or spouse)

Patient's name\_\_\_\_\_ Canine/ Feline/ Other\_\_\_\_\_

Breed\_\_\_\_\_ Male/ Female Spayed/Neutered

Date of Birth\_\_\_\_\_ Color/ Markings\_\_\_\_\_

Previous Vet\_\_\_\_\_ Reason for leaving\_\_\_\_\_

How did you hear about our hospital?

-individual\_\_\_\_\_

-yellow pages

-sign or location

We consider our pet(s):

-part of the family

-beloved pets

-just animals

**To prevent spread of infectious diseases and parasites, animals left at Pine Street Animal Clinic for boarding or hospitalization must be current on all vaccines and free of fleas and ticks.**

**I authorize PSAC to provide vaccines and parasite control as needed at my expense.**

**I authorize Pine Street Animal Clinic to release rabies tag/owner information as necessary.**

Owner's Signature\_\_\_\_\_

# CONTRACT

We are glad that you have chosen Pine Street Animal Clinic for your veterinary needs and we look forward to serving you. In consideration of our agreement to provide veterinary services to you, you agree to the following terms of contract:

Each account will be paid in full when services are rendered unless other arrangements have been made.

You realize that you are responsible for the account in the event that insurance does not pay for the services we provide to you.

In the event that you do not pay your account as agreed, you agree to be responsible for all cost of collecting your account so that Pine Street Animal Clinic will receive 100% of the charges incurred, even if this amount is turned over for collections. As a result, if this account is placed for collection, you will be responsible for the original principal amount plus court costs, service fees, and the fee charged to Pine Street Animal Clinic by the attorney to collect this account. The collection fee is currently forty percent (40%) of the principal amount owed.

You agree to pay a \$2.00 per month billing charge for each month that there is a balance owing on your account. This charge is intended to cover our costs for billing you each month.

You agree in the event suit must be brought to collect this account, the proper jurisdiction and venue for such suit will be in Lonoke County, Arkansas.

You agree that Pine Street Animal Clinic or its agents may request information from credit reporting agencies for all purposes it deems necessary in order to collect your account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS IS A LEGALLY BINDING CONTRACT. PLEASE CONTACT AN ATTORNEY IF YOU DO NOT UNDERSTAND ITS TERMS.**