

CLIENT UPDATE INFORMATION

Date_____

The receptionist will be updating the following information in our system.

Name_____ Spouse's Name_____

Address_____ City_____ State_____ Zip_____

Phone_____ Work Phone_____ Spouse's Work Phone_____ E-mail

Address_____ Cell Phone_____

What is the best time to reach you regarding your pet?_____ and at what phone#_____

In case of Emergency at what phone # can you be reached ?_____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

I assume full responsibility for all charges incurred in the care of my animals. I also understand that these charges are to be paid in full at the time of the exam. A deposit will be required for surgery or hospitalization. Should it become necessary to collect this account through a collection agency or an attorney, the undersigned agrees to pay all costs of collection, including any court costs or reasonable attorney fees.

Owner or Responsible Party_____