

FELINE MEDICAL CENTER, INC.

Client Number _____

Name: _____
(Last Name, First Name)

Spouse/Significant Other: _____

Address: _____

City, State: _____ Zip: _____

E-mail address: _____

Primary Phone: _____
Circle one: Home Cell Work

Alternate Phone: _____
Circle one: Home Cell Work

2nd Alternate Phone: _____
Circle one: Home Cell Work

Occupation: _____

Employer: _____ Work Phone: _____

Occupation (spouse): _____

Employer (spouse): _____ Work Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Driver's License Number: _____ State: _____

Driver's License Number (Spouse): _____ State: _____

How did you first hear about us? _____
(Friend, coupon, yellow pages, etc.)

If you were referred by another client, please give the clients name: _____

Due to the extremely high costs of accounting and billing fees, we do not extend credit. Payment is to be made at the time that services are rendered. We accept cash, personal check, MasterCard, Visa and American Express. In the exceptional case of credit provided, any overdue account will be charged an 18% APR and a collection fee of up to 35% of the original balance. Your signature gives approval for whatever drugs, x-rays, surgery, etc., are discussed in the treatment of your pet. Signee assumes all financial responsibility for services rendered. Signee understands that veterinary service is not provided during nighttime hours. Continuous presence of qualified personnel is not provided at all times.

Signature of Owner/Agent: _____

If person signing is an agent, please provide the following:

Address: _____

City, State, Zip: _____