

*Welcome to Crago Veterinary Clinic!*

*Thank you for giving us the opportunity to care for your pet. Please take a moment to fill out this form completely.*

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Co-Owner Name:** \_\_\_\_\_

Social Security or Driver's License # (required for writing personal checks): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Male / Female          Neutered / Spayed

*How did you learn about our clinic?*

\_\_\_ Client referral (Whom may we thank for referring you? \_\_\_\_\_)

\_\_\_ Veterinarian referral (Veterinarian / Clinic name: \_\_\_\_\_)

\_\_\_ Other: \_\_\_\_\_

**Financial Policy**

The goal of Crago Veterinary Clinic has always been to deliver the finest, most cost effective veterinary health care treatment available. The costs of providing this level of care continue to rise, therefore we cannot offer discounted services or carry any charges. **FULL PAYMENT** will be required at the time of service. For your convenience, we accept a variety of payment choices, including cash, checks, Visa, MasterCard and Discover. We can also help you apply for financing with Care Credit-please ask a staff member for additional information. *Estimates can be provided for recommended treatment plans prior to performing any services, so please discuss this with your veterinarian.*

**Authorization:**

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume financial responsibility for all charges incurred in the care of the animal and understand all professional fees are due at the time services are rendered.

**Signature of responsible party:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_