

**Veterinary Allergy & Dermatology Services
Client & Pet Information Sheet**

Date: _____

Your Name: _____ Spouse/Partner Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Home #: _____

Cell #: _____ Spouse/Partner Cell #: _____

Work #: _____ Spouse/Partner Work #: _____

Email: _____ Spouse/Partner Email: _____

****Appointment reminders:**

Phone Call: ___ Text: ___ Email: ___

****Please indicate which number/email is best:** _____

It is often easier us to email you for patient updates. Your responses go directly into your pet's medical record so there is less change of miscommunication. Phone calls are best for urgent or immediate issues.

****How would you prefer we contact you?**

Phone Call: ___ Text: ___ Email: ___

Pet Information

Name: _____ Breed: _____

Color/Pattern: _____ Male/Female Spayed/Neutered/Unaltered

Date of Birth/Estimate: _____

Primary Care Veterinary Clinic/Veterinarian: _____

Payment is request at the time of services. If you would like an explanation or estimate of charges for procedures done during your visit, please feel free to ask.

Signature: _____



Veterinary Allergy & Dermatology Financial Policy

Thank you for choosing our office for your pet's veterinary care. Our practice can offer you and your pet excellent care, assist you in maintaining your pet's well care parameters, and provide a variety of ancillary services to make you and your pet happier or more comfortable. Of course, the services that we provide do come with an associated cost. We hope that financial considerations will not be an obstacle to offering the best level of care to your four legged family member. We are always available to answer your questions or to assist you in any way that we can. The information in this form is to further communicate to you the variety of payment options that we offer to ensure that cost of care is not a barrier to the quality of care.

For you and your pet's benefit:

- A Treatment Plan or estimate will be provided prior to providing of services.
- All of our fees are due and payable at the time that treatment is rendered.
- We accept the following forms of payment:
 - Cash
 - Check
 - MasterCard
 - Visa
 - Discover Card
 - Care Credit (ask us for more information if you have not heard of Care Credit)
 - American Express
 - Scratch Pay
 - Square
- We believe in the value of clear communication as well as mutual understanding and respect.
- We believe that our clients would like to know and understand our financial guidelines in advance of their pet's treatment.
- We are happy to discuss the Treatment Plan and our practice guidelines with you at anytime.
- To be able to offer the level of care and service that we do, we cannot deviate from these outlined policies.

By signing below, you indicate that you understand and agree to these financial guidelines.

Signature of client

Date

Staff member: _____