

OWNER INFORMATION

NAME: _____
ADDRESS: _____
APARTMENT NUMBER _____
CITY: _____ STATE: _____ ZIP: _____
PRIMARY #: _____ SECONDARY #: _____
OCCUPATION: _____ EMPLOYER: _____
EMAIL: _____

SPOUSE/OTHER NAME: _____
PRIMARY #: _____ SECONDARY #: _____
OCCUPATION: _____ EMPLOYER: _____

REFERRED BY: _____ or (saw sign) (internet)

PET INFORMATION

NAME: _____ DISTEMPER VACC DATE _____
BREED: _____ PARVO VACC DATE _____
SEX: _____ RABIES VACC DATE _____
SPAYED/NEUTERED (YES) (NO) FELINE DIST DATE _____
AGE OR APPROX. BIRTHDAY _____ LEUKEMIA VACC DATE _____
COLOR: _____ OTHER VACC DATE _____
PAST HISTORY OF ANIMAL WE SHOULD BE AWARE OF (allergies, drug reactions, surgeries, ect.)

Previous Veterinarian (Name and Phone Number)

We are **not** a 24 hour facility. In the event it is necessary that your pet be hospitalized, your pet will be attended as necessitated by its condition as judged by the veterinarian. We do not bill, if a bill is left out standing for any reason, finance/billing charges will be applied.

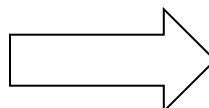
A deposit is required on all hospitalized animals.

SIGNATURE

DATE

WE TAKE THW FOLLOWING FORMS OF PAYMENT:
CASH VISA/MC DISCOVER CARE CREDIT

**NO CHECKS ACCEPTED
FLIP PAGE OVER**



Union Hills Animal Hospital

18410 N. 19th Ave | PHOENIX, AZ 85023 | Phone (602) 863-6629 | Fax (602) 863-3210

Financial Policy

Thank you for choosing Union Hills Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Union Hills Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Debit Card, Visa[®], MasterCard[®], American Express or Discover Card[®]
- Convenient Monthly Payment Options¹ from the CareCredit[®] Healthcare CreditCard
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

Deposit & Billing:

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of \$200.00 or more, will require a 50% deposit to begin your pet's treatment. We may offer in-house payment options on a case-by-case basis. We charge 1.5% interest on all outstanding account balances older than 30 days, with a minimum charge of \$5.00 per month. If it is necessary to mail a statement, a \$3.00 billing charge will be added. If you have an account 90 days past due, Union Hills Animal Hospital may relinquish your balance owed to a collection agency. If your account is referred elsewhere for collection proceedings, you will be responsible for any and all legal and/or collection costs.

Additional Policy Information:

Union Hills Animal Hospital charges \$25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Photo Release Form

I grant to Union Hills Animal Hospital, it's representatives and employees the right to take photographs of my pet, and to copyright, use and publish the same in the print and or electronically.

I agree that Union Hills Animal Hospital may use such photographs of my pet with or without my pet's name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

The above may take photos of me and/or my pet

The above may **NOT** take photos of me and/or my pet

Signature _____ Date _____