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 APPOX. 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)

_____

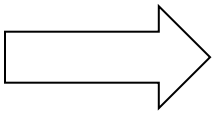
We are **not** a 24 hour facility. In the event it is necessary that your pet be hospitalized, your pet will be attended as necessitated by its condition as judged by the veterinarian. We do not bill, if a bill is left out standing for any reason, finance/billing charges will be applied.

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

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 Options[1] from the CareCredit® Healthcare CreditCard
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount (that fits into your credit limit)
  - Can be used repeatedly - for your entire family - without having to reapply[1]
- Convenient Monthly Payment Options[1] from Cherry
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount (that you're are preapproved for)

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 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.

For client who have no showed for 2 or more appointment &/or 1 anesthesia appointment we will require a non-refundable deposit of $80 for exams & $200 for anesthesia appointments. Appointments must be canceled before 24 hours of the appointment/drop off time.

Additional Policy Information:

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 for the purpose of their file, and vaccination cards.

☐ 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 _____