

Welcome To Sarver Animal Hospital

Client Information Form

Owner First Name: _____ Last Name: _____

Spouse/Co-Owner First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Circle One: Cell Home Work
If you would like to receive text messages from Sarver Animal Hospital about your pet please list the cell phone provider associated with this number: _____

Secondary Phone Number: _____ Circle One: Cell Home Work
If you would like to receive text messages about your pet from Sarver Animal Hospital please list the cell phone provider associated with this number: _____

If you would like to receive e-mails about your pet from Sarver Animal Hospital please provide your e-mail address: _____

How Did You Hear About Us? (Check any that apply)

Internet Search

Website

Advertisement

Facebook Page

Drove By/Saw Hospital Sign

Personal Referral

If you were referred by someone, please provide their first and last name so we can thank them:

First Name: _____ Last Name: _____

Financial Policy

By signing below you agree to our financial policy, which is as follows:

- All charges are to be paid in full at the time services are rendered.
- A deposit may be required prior to initiating diagnostics and treatment.
- We will accept cash, debit cards, credit cards (Visa, MasterCard, Discover, or American Express), Care Credit, and checks.
- The account holder must be present and have a valid photo ID when paying with Care Credit or a check.
- Checks will not be held or post dated.
- If a check is returned for any reason, a fee of \$25 will be due immediately and the privilege of writing a check will be revoked.
- A \$50 deposit is required when scheduling an anesthetic procedure. At least 48 hours notice of cancellation is required or deposit will be forfeited.

Signature: _____ Date: _____