

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First and Last Name) (First and Last Name)

Owner’s Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co-Owner’s Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home/Cell) (Home/Cell)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell/Work

Responsible Party Date of Birth or SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for reminders and newsletters)

Do we have permission to email or text you? Yes / No (We send text reminders for appointments)

**Pet’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/Age\_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Markings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog: Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Neutered/Spayed

Cat: Short Hair Medium Hair Long Hair Male/Female Neutered/Spayed

**Pet’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/Age\_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Markings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog: Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female Neutered/Spayed

Cat: Short Hair Medium Hair Long Hair Male/Female Neutered/Spayed

Previous Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we call for records: Yes/No

**Financial and Cancellation Policy:**

We require payment at the time of service. We accept cash, Visa, MasterCard, Discover, American Express and Care Credit. Any payment by check will be subject to a $40 fee if returned for insufficient funds or if payment is stopped. If you have a balance at the beginning of the billing month, there will be a $4 monthly billing plus a 4% interest fee added to the balance until the balance is paid in full. If you have a balance, no services will be provided until your account balance is paid. If your account doesn’t have a payment for 90 days, your account will be sent to a collection agency and we will no longer provide any services to you. We understand that situations arise and you cannot always keep your scheduled appointments. If you cannot keep your scheduled appointment, please call the office prior to your appointment to cancel or reschedule. After your third missed appointment without notice, you will be charged a consultation fee.

By signing this form, you agree to the financial and cancellation policy at Madison Veterinary Hospital.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_