



# Welcome to For Pets' Sake Veterinary Clinic!



We are pleased to welcome you to our practice and thank you for giving us the opportunity to care for your pet(s). Please take a few moments to fill out this form as completely as you can, so we can become better acquainted.

## Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
*Street City, State Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse or Co-Owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

List of all current pets(names,ages,sex,species) \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

Besides you, your spouse or co-owner, who should we notify in case of an emergency? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

## Payment Policy

We will gladly prepare a written estimate of product and service fees if you desire (please ask any of our team members). All fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept cash, check, all major credit cards or CareCredit. We are unable to give cash back on checks written over the amount due.

There will be a service charge for any checks returned unpaid, and an interest charge of 1.5% per month will be applied to all balances over 30 days. Immediate cash refunds on personal checks are not possible. A refund check may be sent after ten business days from the deposit, or you may stop in and receive a cash refund after the ten day waiting period.

## Authorization

I hereby authorize the veterinarian(s) of For Pets' Sake Veterinary Clinic, Inc. to examine, prescribe for, the above listed pet(s) and any future pets that I may acquire. I assume responsibility for all charges incurred in the care of these animals. I understand that these charges will be paid for at the time of service or at the time of release and that a deposit may be required for emergency and/or surgical treatment. I agree to make prompt and complete payment for all products and services rendered. I further agree and understand that in case of non-payment, I will be subjected to all billing and/or finance charges associated with my account. Should it become necessary to settle my account through a collection agency or attorney, I the undersigned, agree to pay all costs associated with a collection

\_\_\_\_\_  
*Signature*

9000 Charles Street  
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262-884-8838

