

Springdale Animal Hospital

Please complete the following so we can update our records. Thank you.

Name _____ Spouse name _____

Address _____ City /State/zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Employer _____ Work Phone _____

Spouse Employer _____ Spouse work phone _____

Drivers License # _____ Spouse Drivers License # _____

Social Security # _____ Date of Birth _____

Emergency Name _____

Emergency Phone _____

Please list your pets:

Name _____ Breed _____ Sex (Spayed/Neutered) _____ Color _____ Birthday/ Age _____

THANK YOU FOR TRUSTING US WITH THE HEALTH CARE OF YOUR PETS.

Please tell us how you heard about us...

_____ **drive-by**

_____ **phonebook**

_____ **friend (if so, who?...so that we may thank them)** _____,

_____ **other, please explain** _____

OUR POLICY OF CARE AND PAYMENT

Ensuring that our patients have high quality affordable care is the goal of Springdale Animal Hospital. **PAYMENT OR DEPOSIT IS REQUIRED AT THE TIME OF TREATMENT.** We accept cash, check, VISA, MasterCard, Discover, and Care Credit (a payment plan that allows you to spread payments out over time).

Applying for Care Credit only takes a few minutes and there is no fee to apply.

Please indicate below the form of payment you choose to settle your account: *check one*

- Cash or Check
- Major Credit Card
- Care Credit (subject to approval.) If credit application is declined, another form of payment listed above is required.

Signature of Responsible Party

Date