

Acct# _____



Doctor Preference: Dr. Eddleman Dr. Miller
 Dr. Busick Dr. Peterson
They are All Great!!!

Owner Info

Owner's Name: _____ Home Ph#: _____ Cell#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Owner's Birthday: ___/___/___ Work Ph#: _____ Ext: _____

E-mail _____

Emergency Contact (other than yourself) _____ Relationship: _____ Ph#: _____

How did you hear about us? _____
(Client Referrals get Credit!)

*SS# & Driver's License Information are **Required if you are writing a check. We Must also scan a Photo ID.**
Please know that we cannot accept a check without this information. Thank you.

SS#: _____ - _____ - _____ Driver's License #: _____ Expires: ___/___/___

Consent for Treatment & Financial Agreement

Consent for Medical Services & Treatment

I consent to treatment, diagnostic and/or therapeutic services as ordered and/or provided by SAVC for my pet.

Financial Agreement

The undersigned individually obligates him/her and guarantees prompt payment of all charges for services rendered to the patient. A minimum fee of \$35 will be charged for each returned check. The maximum permitted by law is the greater of \$40 or 5% of the face amount of the check. The check writer is also responsible for all the cost of collection.

Payment of balance is due when services are rendered. If payment is not received within 30 days from the date of services, finance charges will begin to accrue at the maximum rate allowable by law (currently 21%). In addition, such balance may be turned over for collection activity, at which time the undersigned shall be liable for attorney's fees, court costs, and/or collection agency's fees and expenses. The undersigned understands that SAVC has the right to examine credit bureau files for financial information regarding collection of unpaid debt. In addition, there will be a minimum of \$5.20 statement fee for each statement sent to cover expenses.

Photo Release

SAVC will at times take photos of you and/or your pets. These photos are the sole property of SAVC and will be used with professional discretion. We use these photos for post cards, reminders, social media and pet identification. By signing below, you consent to allow SAVC to take and use these photos at their discretion.

Signature of Client or Agent

Print Name

Date

Enter/Correct in Computer ID Scanned
 If changed print labels