



**...AND
DOGS
TOO**

Dr. Erica Schorr

Client Information

Date: _____

Your Name: _____
Last Name First Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Employer: _____

Spouse's Name: _____
Last Name First Name

Cell: _____ Work: _____

Employer: _____

How did you hear about us (check all that apply)? Internet Phone Book Drove Past Clinic

Someone Referred You: Mr/Ms. _____ Other _____

Pet Information

Pet's Name: _____ Dog Cat Other Breed: _____

Age/Birthdate: _____ Sex: Male Female Neutered/Spayed: Yes No

Other Pets Living with You

Pet's Names: _____

Authorization

I hereby authorize the veterinarians of And Dogs Too to examine, diagnose and prescribe for my pets.

I understand that the hospital support personnel will be employed as deemed necessary by the veterinarians.

I authorize And Dogs Too to contact _____ for my pet's medical records.

Signature of Client Responsible for Pet(s): _____ Date: _____

In the Event Your Pet is Hospitalized

To prevent the spread of infectious diseases, all hospitalized patients must be up to date on all required vaccines and free from internal and external parasites. In the event that your pet is hospitalized, the veterinarians and support staff of And Dogs Too will administer the required vaccinations and parasite treatments.

The appropriate charges will be included in the discharge invoice. Your signature below authorizes this level of care. I accept responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of service.

Method of payment: Cash Check Credit Card Care Credit

Payment

In the event your check is returned for insufficient funds, and Dogs Too reserves the right to debit your checking account for both the face amount and associated fees. Your payment by check is deemed as acceptance of this electronic check recovery system.

In the event your account defaults to a collection agency, you will be charged a 39% service fee on any unpaid balance.

Signature of Client Responsible for Pet(s): _____