

Welcome to West Ballantyne Animal Hospital

New Client Registration

Welcome to our furry family! Thank you for choosing West Ballantyne Animal Hospital to care for your beloved pet. Please fill out this information sheet so we can better serve you and your pet.

Your Name: _____ Significant Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Significant Other Work: _____ Significant Other Work Phone: _____

E-mail address: _____

Alternate Contact and Phone Number: (In case of emergency) _____

How did you find out about our hospital? (Who can we thank?) _____

How would you like to be reminded about future pet reminders? Post Card E-mail Phone call

Drivers License State: _____ Drivers License Number: _____

How do you plan on making payments? Cash Check Credit Debit

Financial/Hospital Policies

We thank you for allowing us to take care of your pet. In order to provide the best possible animal care, we require that all professional fees are due at the time services are rendered. We accept several payment options. They include cash, personal checks, debit cards, as well as credit cards. There has to be a \$35.00 service charge for any check returned unpaid.

Care Credit payment plan: A receptionist will be happy to discuss this option with you. Approval from Care Credit is required.

We routinely provide written estimates. Critical patients that need extended hospitalization will have the balance updated daily. We are glad to work with you and give multiple estimates in order to help us provide medical care that your pet may need. In the end, we always want what is best for you and your best friend.

Signature of Client Responsible for Pet

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