



# Client/Pet Information & Financial Policy

Dr.:  
Date:  
Time:  
Check in time:

*Thank you for choosing us to care for your pet(s)  
So that we may become better acquainted, please complete the following:*

## Client(s) Information:

Name \_\_\_\_\_  
Mr./Mrs./Ms./Dr. First Name Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ [ ] Cell [ ] Landline

Secondary Phone \_\_\_\_\_ [ ] Cell [ ] Landline

E-Mail Address: \_\_\_\_\_

Is there another guardian you would like on the chart? [ ] spouse [ ] partner [ ] relative [ ] assistant

Name \_\_\_\_\_

Contact # \_\_\_\_\_ [ ] Cell [ ] Landline

Best contact person, number and time to reach you \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(someone who does not reside with you)

### Pet Information - PLEASE INCLUDE ALL PETS IN HOUSEHOLD

Name	Birthdate	Breed	Sex	Spayed/ Neutered	Color

May we request records from your Previous Veterinarian? Y / N Contact # \_\_\_\_\_

Previous Veterinarian/Hospital Name: \_\_\_\_\_

#### Office use

[ ] Called for records [ ] Records Linked [ ] Verbal Vx Hx, etc obtained [ ] Entered in dashboard  
[ ] Asked for Fecal sample if not done in last year [ ] Asked to bring in fasted if dog & over 8 years old

How did you become aware of our hospital? [ ] Sign/Location [ ] Internet/Website [ ] Groomer/Pet Store

[ ] Personal Recommendation from: \_\_\_\_\_ (whom may we thank?)

May we use photos of your pets publicly? (Website, Facebook, etc.) Y / N

Is it ok for us to release a vaccine history & fecal results for your pet(s) if requested? Y / N

Do you have pet insurance for any of your pets? Y / N



# Client/Pet Information & Financial Policy

Dr.:  
Date:  
Time:  
Check in time:

## Important Clinic Policies:

Please initial next to each policy below and sign and date at the bottom of the page.

**Financial Policy:** \_\_\_\_\_

Thank you for choosing La Cumbre Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. La Cumbre Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

### Payment Options:

- **Cash, Check\*, Visa®, MasterCard®, American Express® or Discover Card®**
- Convenient Monthly Payment Options from the **CareCredit® Healthcare CreditCard**
  - Allow you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly - for your entire family - without having to reapply
- **Scratchpay** Payment Plans
  - Apply for a payment plan from your phone or desktop
  - Check your rate and pick your payment plan
  - Get your pet the care they need

\*La Cumbre Animal Hospital charges \$30 for returned checks.

**Payment Policy:** \_\_\_\_\_

Payment is due at the time of service and may be made by cash, check, major credit card, or Care Credit. **If a pet will be brought in by another person, payment arrangements should be taken care of at the time of service.**

**Pharmacy Policy:** \_\_\_\_\_

Due to legal controls on our profession, it is necessary to have regular evaluations of patients by the Veterinarian in order to fill or refill prescriptions.

**Insurance Policy:** \_\_\_\_\_

**INSURANCE CLAIMS ARE THE CLIENTS' RESPONSIBILITY.** We are happy to provide your insurance carrier directly with any documentation they require.

**I have read and acknowledge the above mentioned policies of La Cumbre Animal Hospital.**

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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