

WELCOME TO
Bailey Veterinary Clinic

PLEASE FILL IN COMPLETELY

CLIENT INFORMATION

UPDATE

Owner Other

Name _____ Spouse _____

Mailing Address _____

Physical Address _____

Home Ph # _____ Cell # _____ Spouse Cell _____

Emergency Contact _____ Phone # _____

E-mail Address _____

Please send "Reminders" via () Email () Postcards () Both

Employer _____ Work # _____

Spouse Employer _____ Work # _____

How did you find us? () Phone Book () Website () Radio Advertising () Community Event

() Friend - Name _____ We'd like to thank them

PAYMENT INFORMATION

We require payment in full at the time services are provided. When emergency services are rendered a deposit of \$80-\$100 or more may be required with the balance due upon discharge of the patient.

We accept Cash, Check, Visa, Mastercard, Discover, Debit cards, and Care Credit as a payment plan.

I assume responsibility for all charges incurred in the care of said animal(s). I also understand that these charges will be paid in full at the time of release and that a deposit may be required.

Please ask about **CARE CREDIT**, our "**INTEREST FREE**" credit card financing

program and **PET INSURANCE**. _____ (Initial)

How do you prefer to pay today? () Cash () Check () Credit Card

Driver's License # _____ Required for check writing privileges

Spouse's License # _____

Signature of owner(s) or Responsibility Party _____ Date _____
