

WELCOME

Thank you for giving us the opportunity to care for your pet.

This form must be filled out by persons **18 years of age or older and must be legal owner** of the pets on the account. **Please print clearly.**



REGISTRATION

Primary Owner's Name _____ Spouse Name _____

Street Address _____ City _____ State _____ Zip _____

Home _____ Cell _____ Work _____ Employer Name _____

Spouse Cell _____ Preferred Number? (Please circle **one**) Home / Cell / Spouse Cell / Work

Primary E-mail Address _____

Preferred contact information? (Please circle **one**) Text / Email / Phone

Client communications –our office may contact you via text message, email or by phone. We do not sell your contact information to third party sellers. You will be auto-enrolled for all forms of communications based on what you provide us. You can opt out of email and text communications anytime by following the prompts provided when contacted in these formats. Providing us with all forms of communication greatly improves our ability to help you in a timely manner.

Other Authorized Party: If you have another person you want to give authority to for authorizing care/services/treatments to your pets they must be over 18 years of age and you are responsible for any fees associated with the services/treatments they authorize. Furthermore, you are granting authority for them to make medical decisions in your absence. By providing their information you are granting them this authority. **To revoke this authority, you must provide us written notice.**

Authorized Party First Name: _____ Last Name _____

Relationship to you _____ Phone Number _____

Due to pharmacy law, we are required to collect one form of identification. Please provide **ONE** of the following:

SSN# _____ or DL# _____ (Please note, this is **NOT** optional)

How did you learn about our clinic? _____ If referred, by whom? _____

TERMS OF SERVICE

Payment is required in FULL at the time of service. Our office **DOES NOT** offer any form of payment plan, but payment plans can be arranged through our partners **ScratchPay, LiquidCare or CareCredit** in advance of your appointment. Additionally, we accept **CASH, VISA, and MasterCard** as forms of payment. The **authorized user of the card must be present for all credit card transactions.** CareCredit transactions can only be processed by **authorized CareCredit users.**

We do not take CHECKS, Discover or American Express— please plan accordingly. By providing my credit card information I approve and understand it may be kept on file and may be charged on any unpaid account balances.

All credit card transactions may be subject to a 3% convenience fee charge. All accounts are subject to a monthly 1.5% finance charge and a monthly \$25 late fee for outstanding balances over 30 days. All **unpaid accounts** are subject to **medical records handling fees, copy fees and will be sent to collections** if unpaid. We prefer to work with you and request that you discuss options with us in advance to avoid being sent to collections. Clients will be responsible for all fees related to collection of money owed including but not limited to collection fees, accounting fees and attorney fees.

No Show/Late/Cancellation Policy- Failure to cancel your appointment more than 24 hours in advance (48 hours in advance for anesthetic procedures) or failure to arrive for your scheduled appointment may result in applicable fees. This policy has been provided to you and can be reviewed on our website, www.unionpetvet.com

By signing below, you acknowledge this policy and understand you are responsible for all applicable fees.

We reserve the right to refuse service to any person that acts inappropriately or poses a safety hazard to our team. Rude, belligerent, or aggressive behavior will not be tolerated and may result in termination of care.

AUTHORIZATION

All information I have provided here is true to the best of my knowledge. I have read and understand the terms of service.

Signature of Owner _____ Date _____