



WELCOME



to DeZavala-Shavano Veterinary Clinic

"Pet Care Is Our Passion!"

General Information

Please note a government-issued picture identification will be requested to verify identity for establishing an account.

Owner (Mr./Mrs./Ms./Dr.) _____ Spouse/Co-owner _____
(please circle)

Address _____ Apt No. _____ City _____ State _____ Zip _____

Phone: Home _____ Work (Owner) _____ Work (Co-owner) _____ Cell _____

Employer _____ Employer Address _____

Email Address (if agree to receive communications by email) _____

Emergency Contact Name and Phone Number _____

How did you hear about us? Sign Phone Book Online Referral _____ Other

Pet(s) Coming In This Visit

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birth Date _____

Male Neutered Female Spayed

Name of pet _____ Dog Cat Other _____

Breed _____ Color _____ Birth Date _____

Male Neutered Female Spayed

Authorization

PAYMENT IS DUE UPON COMPLETION OF SERVICES

I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this/these animal(s). I understand every reasonable effort will be made to provide for successful treatment; however, due to the nature of some conditions, no guarantee can be made of a successful outcome. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I agree to pay interest charges of 18% APR (1.5% per month) for any balance over 30 days past due. Should collections efforts become necessary, I further agree to pay the reasonable costs incurred in the process of collections. I also agree to pay a non-sufficient funds (NSF) fee of \$30 or the maximum allowed by state law for any returned check, and this fee along with full check payment may be electronically withdrawn from my bank account.

Signature of Owner or Financially Responsible Party

Date