

Welcome To Connolly Animal Clinic

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's need today and in the future.

Please Print:

Owners Name _____ Spouse/Other _____

Soc.Sec.#(His) _____ Soc.Sec.#(Hers) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Cell Phone _____ Work Phone _____

Employer (Name of business, If Self Employed) _____

Employer (Spouse/Other) _____ Work Phone _____

People (other than yourselves) Authorized to pick up your pets _____

At what time (_____) and at what phone number (_____) can we call to talk to you

about your pet. Who should we ask for when we call? _____ Please give us an

Alternate/emergency phone number if needed _____

How/Why did you select us? _____

Are you interested in obedience training information for your pet? _____

What role does your pet play in your life? _____

INFORMATION ABOUT YOUR PETS

(Please List All Your Pets)

1	Pets Name	Cat	Dog	Age	Sex (Spayed/Neutered)	Breed	Color
2							
3							
4							
5							
6							

We will gladly prepare a written estimate if you desire (please ask one of our Doctors, Technicians or Receptionist). This will be important to you since **All Professional Fees Are Due At The Time Services Are Rendered.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, American Express, and Discover. Care Credit is also available with approved credit. **There will be a \$30.00 Service charge for any check returned unpaid. There will be reasonable attorney's fees and 18% interest or 1.5 % of unpaid balance if collection is necessary. To prevent the spread of infectious diseases,** all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate chargers will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s) _____ **Date** _____