

General Drop Off Form

Purpose of Today's Visit

Best phone number to reach you at today: _____

Please check the medical services/procedures you would like us to provide for your pet today:

- Physical Exam
- Nail Trim
- Worm check (brought sample)
- Heartworm test
- Dental procedure
- Blood Test
- Surgery - Type: _____
- Vaccines
- Anal sacs
- Deworm
- Leukemia/Feline AIDS test
- Ultrasounds/X-Rays
- Pre-surgical lab test
- Other: _____

We will gladly prepare a written estimate if you desire; please ask Doctor or receptionist. Unless prior arrangements have been made, ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept MasterCard, Visa, Discover, and American Express. We also accept Care Credit and Scratch Pay, and extended service fees may apply. There will be a \$30.00 service charge for any check returned unpaid or credit card declined. Accounts after 30 days are subject to a 21% APR or \$9.00 monthly billing fee, whichever is greater. By signing below, I accept these billing terms.

Your signature gives us permission to follow your instructions. Please note that there may be circumstances where the service(s) cannot be performed. If so, you will be informed.

Your payment method today: ● Cash ● Card ● Check ● Care Credit/Scratch

Owners Name _____

Your Signature: _____ Date: _____

Pets Name _____