Acct#_____
Year_____

Doctor Preference: ☐ Dr. Eddleman   ☐ Dr. Miller
                         ☐ Dr. Busick   ☐ Dr. MacQueen
                         *They are **All** Great!!!*

Owner Info

Owner's Name: _____   Home Ph#:_____   Cell#:_____

Address: _____   City: _____   State: _____   Zip Code:_____

Owner's Birthday: ____/____/____   Work Ph#:_____Ext:_____

E-mail _____

Emergency Contact (other than yourself) _____   Relationship: _____   Ph#:_____

How did you hear about us? _____
(Client Referrals get Credit!)

*SS# & Driver's License Information are ***Required if you are writing a check. We Must also scan a Photo ID.***
Please know that we cannot accept a check without this information. Thank you.

SS#:_____-_____-_____   Driver's License #:_____   Expires: ____/_____/_____

Consent for Treatment & Financial Agreement

Consent for Medical Services & Treatment
I consent to treatment, diagnostic and/or therapeutic services as ordered and/or provided by SAVC for my pet.

Financial Agreement
The undersigned individually obligates him/her and guarantees prompt payment of all charges for services rendered to the patient. A minimum fee of $35 will be charged for each returned check. The maximum permitted by law is the greater of $40 or 5% of the face amount of the check. The check writer is also responsible for all the cost of collection.

Payment of balance is due when services are rendered. If payment is not received within 30 days from the date of services, finance charges will begin to accrue at the maximum rate allowable by law (currently 21%). In addition, such balance may be turned over for collection activity, at which time the undersigned shall be liable for attorney's fees, court costs, and/or collection agency's fees and expenses. The undersigned understands that SAVC has the right to examine credit bureau files for financial information regarding collection of unpaid debt. In addition, there will be a minimum of $5.20 statement fee for each statement sent to cover expenses.

Photo Release
SAVC will at times take photos of you and/or your pets. These photos are the sole property of SAVC and will be used with professional discretion. We use these photos for post cards, reminders, social media and pet identification. By signing below, you consent to allow SAVC to take and use these photos at their discretion.

_____   _____   _____
Signature of Client or Agent   Print Name   Date

☐ Enter/Correct in Computer   ☐ ID Scanned
☐ If changed print labels