

Visit Label #3574



Owner's First Name \_\_\_\_\_ Owner's Last name \_\_\_\_\_

Co-owner First name \_\_\_\_\_ Co-owner's Last name \_\_\_\_\_

Street address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's phone \_\_\_\_\_ Co-owner's phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

- Please check if you would like us to send you via email Pet Perspective, a newsletter with pet health information every few months.
- BluePearl supports Frankie's Friends, a charity that helps families who cannot afford life-saving pet care. Please check here if you would like to receive Frankie's newsletter occasionally with information about pets they have helped and area events.

Name of pet \_\_\_\_\_ Dog/ Cat (circle) Breed \_\_\_\_\_ Color \_\_\_\_\_

- Male, neutered       Female, spayed
- Male                       Female

Age: Year \_\_\_\_\_ Months \_\_\_\_\_

**Has your pet ever bitten anyone? Yes No Are you the owner of this pet? Yes No Are you over 18 years of age? Yes No**

Regular vet name: \_\_\_\_\_ Clinic name: \_\_\_\_\_ City located in \_\_\_\_\_

Today's reason for visit/patient problem: \_\_\_\_\_

**How did you hear about us? (Circle one)**

*Family/Friend   Marketing Literature   Previous Visit   General Awareness   Vet   Website   Online Search   Dog Park*

**Payment Policy:** A deposit of up to 100% of the low end of the estimate is required prior to admission/hospitalization. Full payment for services rendered is required prior to discharge of your pet from the hospital. We do not bill. I am aware that all treatment and medication charges are in addition to the emergency examination fee and agree to pay all charges incurred by the time of release of my pet. Please be advised that we participate with the Jackson/Johnson and Clay County District Attorney's office in enforcing the Bad Check Laws. Consequently, we do not allow post dated or held checks. If paying or guaranteeing payment by credit card or debit card, the cardholder hereby specifically authorizes BluePearl Veterinary Partners to automatically charge any outstanding account balance to the credit/debit card unless another form of payment has been prearranged. Any collection costs including reasonable attorney's fees will be borne by me, the client. There will be a \$30 fee assessed for all returned checks.

I authorize BluePearl Veterinary Partners to treat the above-described pet.

My signature verifies that I have read and understand the payment policy and I give BluePearl Veterinary Partners my permission to communicate with and provide medical record information about my pet to my family members and my regular veterinarian. **This form is valid for one year.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**We accept these methods of payment:** Credit/Debit card   Care Credit (2 forms of ID required)   Cash   Check (DL required)