

Capeside Animal Hospital
511 Olde Waterford Way
Leland, NC 28451
(910) 383-2100

Client ID Number:

| INFORMATION ABOUT YOU | | |
|-----------------------|------------------------------|-------------|
| Owner: | | |
| Address: | | |
| City, State, Zip: | | |
| Mailing Address: | | |
| Home Phone: | Cell Phone: | Work Phone: |
| Email Address: | State and Drivers License #: | |

| INFORMATION ABOUT YOUR PETS | | |
|----------------------------------|----------------|--|
| Name: | Date of Birth: | |
| Species: | Breed: | |
| Sex: Male Neutered Female Spayed | Color: | |

| | | |
|----------------------------------|----------------|--|
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| Species: | Breed: | |
| Sex: Male Neutered Female Spayed | Color: | |

| HOW DID YOU BECOME AWARE OF OUR HOSPITAL? |
|---|
| <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Web Page <input type="checkbox"/> Advertisement- Where? _____ |
| <input type="checkbox"/> Individual Referral- Who may we thank? _____ |

| PAYMENT POLICY | |
|--|---------------|
| <p>Professional fees are to be paid at the time services are rendered. Capeside Animal Hospital cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution. We accept cash, Visa, Master Card, Discover, and Care Credit. We DO NOT accept checks _____ (please initial). We will gladly prepare a written estimate if you desire; please ask the receptionist or doctor. In the event of an outstanding balance after 30 days, a monthly billing and financing fee equal to 1.5% of the unpaid balance will be applied to your account. If the balance is not paid, or suit is brought, you will be financially responsible for all reasonable costs of collection, including, but not limited to, attorney fees and court costs.</p> | |
| _____ Signature of Owner or Agent | _____ Date |