

Capeside Animal Hospital  
 58 Waterford Business Center Way  
 Belville, NC 28451  
 (910) 383-2100

Client ID Number: {ID}

<b>INFORMATION ABOUT YOU</b>		
<b>Owner(s):</b>	<b>DOB:</b>	
<b>Address:</b>		
<b>City, State, Zip:</b>		
<b>Mailing Address (if different):</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Email Address:</b>		<input type="checkbox"/> <b>Check Box to Decline Email</b>

**\*\*You may receive information via text. Check the box to decline this as a contact option  \*\***

<b>INFORMATION ABOUT PREVIOUS VET HOSPITAL</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Email:</b>

<b>INFORMATION ABOUT YOUR PETS</b>	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Species:</b>	<b>Breed:</b>
<b>Sex:</b>	<b>Color:</b>

<b>HOW DID YOU BECOME AWARE OF OUR HOSPITAL?/Internet Release</b>
<input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Web Page <input type="checkbox"/> Advertisement-Where? _____ <input type="checkbox"/> Facebook <input type="checkbox"/> Preferred AAHA Hospital <input type="checkbox"/> Preferred AAFP Hospital <input type="checkbox"/> Individual Referral - Who may we thank? _____ May we use photos/videos on social media? Circle one: <b>Yes</b> <b>No</b>

<b>PAYMENT POLICY</b>
<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. <b>We accept cash, Visa, Master Card, Discover, American Express, Wells Fargo Health Advantage and Care Credit. We DO NOT accept checks.</b> 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 of \$10 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. By signing this form, I acknowledge that I have read and understand Capeside Animal Hospital's payment policy.</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">           Signature of Owner or Agent         </div> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">           Date         </div> </div>