

Bladen Animal Hospital
606 Peanut Plant Road
Elizabethtown, NC 28337
(910) 862-3960

Client Number

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

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

Name:	Date of Birth:	
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	
Professional fees are to be paid at the time services are rendered. Bladen Animal Hospital cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution. We accept cash, Americal Express, Mastercard, Visa, and Discover. 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. By signing this form, I acknowledge that I have read and understand Bladen Animal's Hospital's payment policy.	
WE DO NOT ACCEPT CHECKS	
_____ Signature of Owner or Agent	_____ Date