

Jaffrey-Rindge Veterinary Hospital

Welcome to our hospital! Please complete the following so we may become better acquainted. If you need any help completing this form, please feel free to ask for assistance.
PLEASE PRINT

OWNER'S NAME: _____
HOME #: _____ CELL: _____ (SMS Carrier) _____
STREET ADDRESS: _____ TOWN: _____ STATE: _____ ZIP CODE: _____
MAILING ADDRESS: _____
EMPLOYMENT: _____ PHONE: _____
EMAIL: (FOR YOUR PET'S REMINDERS) _____

The following information is needed if you plan to write checks.

DATE OF BIRTH: _____
DRIVER'S LICENSE NUMBER AND STATE: _____

How did you choose us? (circle one) Yellow Pages, Advertisement, Pass by Building, Referral.
(Who) _____ Other _____

PET'S NAME: _____ DATE OF BIRTH: _____
SEX: _____ SPECIES (circle one) CAT, DOG, FERRET, OTHER: _____
BREED: _____ COLOR: _____ SPAYED/NEUTERED: _____

Does this pet have any history of drug or vaccine reactions, or had treatment for any problems?

Name, address and phone number of previous veterinarian(s): _____

JAFFREY-RINDGE VETERINARY HOSPITAL PAYMENT POLICY

WE DO NOT BILL CLIENTS. All accounts are payable when services are rendered. If you require a quote, you may request one prior to the services or before the appointment. We accept cash, checks, Master Card, Visa, and Discover.

PLEASE NOTE: All checks returned unpaid by your financial institution are subject to a \$50 service charge. Checks returned for non-sufficient or uncollected funds, together with the service charge, may be debited electronically from your account. Returned checks may also be filed with the Jaffrey Police Department. If the account is not settled promptly, unpaid accounts after 30 days may be filed with the Jaffrey Peterborough District Court. A \$10 billing fee and 1% interest will be added each month on any past due accounts.

I AGREE TO THE ABOVE PAYMENT POLICY

SIGNATURE _____ DATE _____