



WELCOME

PERSONAL INFORMATION

Name: _____ Primary Phone: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Secondary Phone: _____

Co-Owner/Spouse: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

How did you learn about our practice? _____

PET(S) INFORMATION

Name: _____ Dog Cat

Sex: Male Female Neutered/Spayed: Yes No Birthdate/Age: _____

Breed: _____ Color: _____

Name: _____ Dog Cat

Sex: Male Female Neutered/Spayed: Yes No Birthdate/Age: _____

Breed: _____ Color: _____

MapleShade Animal Hospital Payment and Credit Policy

The doctors and staff at MapleShade Animal Hospital strive to provide the utmost in quality care and service to our clients. We require payments in full when these services are rendered. Written estimates will be provided for all procedures. For first time clients and all emergencies, a 50% deposit on the estimate is required. Any bill not paid by the end of the month will incur a service charge of 1.5% per month (18% per year).

We accept all major credit cards, cash, and Care Credit. We **DO NOT** accept personal checks.

By signing this form, you are stating that you are at least 18 years of age and legally responsible for payment for each visit for each pet listed above. You also, agree to pay for all services in full when your pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances as outlined on the enclosed authorization forms.

Signature: _____ Date: _____

**We are now also offering a Military Discount to ACTIVE Duty members only!
Discount will be 10% when you present a valid military I.D. to the receptionist.**