



### Client Patient Check In Form

#### Owner's Contact Information

Name:	Address:	
City:	State:	ZIP:
Mobile #:	Work #:	
Email:	DOB (required for controlled substances):	
Other authorized agent:	Phone #:	

**Patient Information:** Please put additional patients and information on page 2 of this form.

Has this pet ever been treated by our clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Care Veterinarian:	
Pet Name:	Breed: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other	
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered	Breed: <input type="checkbox"/> Color:
Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Significant Health History:		

#### Credit Card Information

Check one: <input type="checkbox"/> American Express <input type="checkbox"/> Care Credit <input type="checkbox"/> Debit Card ~ MasterCard <input type="checkbox"/> Debit Card ~ VISA <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Cardholder's Name:
	Address:
	City: State: ZIP:
	Card Number:
	Expiration Date: CVV#:

Steinbeck Country Small Animal Clinic agrees to accept my credit card as a method of payment for my account. Should my credit card company deny my charges these charges are due and payable directly to Steinbeck Country Small Animal Clinic upon notification. At Steinbeck Country Small Animal Clinic we require payment in full at the time of service. A 1.5% monthly service charge is applied to all balances over 30 days. Clients with accounts past due must pay previous balance in total prior to additional service. Surgeries must be paid for by making a deposit of 1/2 the high estimate and the balance upon discharge. Although we do not extend credit, we do honor Visa, MasterCard, Discover and American Express. We also offer our clients "Care Credit," the veterinary credit card.

By signing this agreement, I understand and accept the terms and conditions of this credit card agreement and authorize Steinbeck Country Small Animal Clinic to debit my credit card.

#### After running this Credit Card for the current billing,

- I do not want this credit card kept on file.
- I would like the credit card to be kept on file for future invoices with: \_\_\_\_\_ :
  - Autobill** (Steinbeck Country Small Animal Clinic will bill my credit card and send me a paid invoice receipt.)
  - Credit Card Authorization** (Steinbeck Country Small Animal Clinic will call or email before running charges.)

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Pets:**

Pet Name:	Breed: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered	Breed:	Color:
Comments:			

Pet Name:	Breed: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered	Breed:	Color:
Comments:			

Pet Name:	Breed: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered	Breed:	Color:
Comments:			

*Please use this space to provide additional medical history:*

**Treatment Authorization:** I am 18 years of age or older and do hereby authorize the veterinarians and/technicians to examine my pet and administer treatment as is considered necessary for my pet's condition. An estimate of care options will be discussed prior to any treatments. In life threatening situations, stabilizing care may be instituted upon arrival, but no invasive or diagnostic treatment will be undertaken until it has been discussed with me. I also authorize Steinbeck Country Small Animal Clinic to fax or e-mail my pet's medical record to my family veterinarian for the purposes of sharing information only. I understand that Steinbeck Country Small Animal Clinic may refuse services for any reason.

**Payment Agreement:** The undersigned agrees to the terms set forth in the statement of financial policy incorporated herein by reference and receipt of which is hereby acknowledged. Further, that in the event of default in payment within these terms, the undersigned agrees to pay all costs of collection including reasonable attorney fees and court costs. Any animal which is unclaimed by its owner or agent ten days after medically released shall be deemed abandoned in accordance with California state property laws in which the legal ownership, physical placement, and medical treatment of the animal will be as the attending veterinarian may deem proper.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Agent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_