Best Friends Animal Health Center

3163 Prospector Drive, Casper WY 82604, 307-235-4889

In order to best serve the needs of you and your animals, please take a moment to complete the following, and sign below.

Name _____ Spouse/Other _____

DOB_____ DOB_____

DL# _____ DL# _____

Phone #_____ Phone #_____

Cell #_____ Cell #_____

Employer_____ Employer_____

Work #_____ Work#_____

Email_____ Email _____

Mailing Address _____

Physical Address: _____

Emergency contact (relative/neighbor to contact who would have knowledge of your pets and your location)

Name_____ Phone #_____

Authorized individual allowed to make financial and medical decisions for your pets:

Name _____ Phone #_____

Pet's Name_____ Breed_____Birthdate_____

Color _____ Gender _____ Micro chipped # _____

Pet's Name_____ Breed_____Birthdate_____

Color _____ Gender _____ Micro chipped # _____

Former veterinarian _____

Referral: _____ Phone #_____

I understand that:

- **Payment is expected, in full, at the time services are rendered.** We accept Care Credit, Discover, Master Card, VISA, debit cards, and Cash only. **We do not accept checks and we do not accept payments.**
- **I understand that a deposit of 50%of the estimate may be required before services are performed.**
- A 1.5% monthly (18% annual) service fee is charged to any account with an unpaid balance.
- It is understood that an estimate of charges will be given for services when requested.
- I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.
- In order to keep our costs down it is our policy to pursue all delinquent accounts.
- Should I abandon my pet at this facility, I understand and agree to allow Best Friends Animal Health Center to treat my pet in the event of an emergency. I agree I am responsible for emergency fees that incur during my pet's stay. I also acknowledge Best Friends Animal Health Center may assume ownership of my pet in 10 days if my pet has been abandoned due to hardship or lack of payment.
- Should my account be turned to collections, for any reason, I authorize Best Friends Animal Health Center to release medical records and all client and patient information to the necessary person(s) tasked to collect this debt. I agree to assume collection costs including, but not limited to, collection agency fees, attorney fees, court costs and/or any other associated fee(s).
- My signature confirms that I have read and understood the above.

Signature _____ Date_____

NCS/updated 01-2014