



Welcome to the Bethany Family!
"A Relationship Built on Love, Trust and Respect."

PRIMARY OWNER INFORMATION

Name: _____

Address: _____

Cell Phone: *used for appointment confirmation and reminders **Home Phone:** _____

Email: *used for appointment confirmation, reminders, and upcoming events and information regarding your pet _____

Client DOB: _____ **Driver's License Number:** _____

CO-OWNER INFORMATION
*please indicate anyone else you would like to be able to make medical decisions regarding your pet.

Name: _____ **Phone:** _____

HOW DID YOU HEAR ABOUT US?

If you were referred by a current client, please tell us who we may thank!

Please check the most applicable choice if you were not referred by a current client.

Printed Phone Book Sign/Walk-in Yellow Book Online Facebook
 Google/Bing/Yahoo Yelp Incentive/Flyer
 Community Event: _____ Shelter/Rescue: _____
 Other: _____

ADDITIONAL INFORMATION

Social Media: I grant Bethany Animal Hospital permission to post my pet's pictures and/or medical conditions on their social media pages and website for promotional use.
 YES! I would prefer not

PET INFORMATION

Name: _____ **Breed:** _____

Color: _____ **Sex:** (include spayed/neutered) _____

Birthday: (or approximate age) _____ **Is your pet microchipped?** Yes No

Has your pet ever shown aggression or bitten other pets or people? Yes No
*If yes please explain: _____

Are you coming from another doctor or hospital? Yes No
*If yes please name the doctor/hospital and address: _____

Does Bethany Animal Hospital have permission to call this clinic or hospital? Yes No

Client Signature: _____ **Date:** _____

Co-Owner Signature: _____ **Date:** _____



Financial Policy and Agreement

Bethany Animal Hospital is not a billing facility. In order to focus on our patients' needs, customer service and minimizing costs, we do not bill. Payment is expected at time of service. We do understand that unexpected illnesses and emergencies can cause financial difficulties. To better assist you and your pet, we offer a variety of payment options.

Payment Options

- **Cash or Check**
- **Debit or Credit Card** (Visa, MasterCard, Discover, American Express)
- **CareCredit Program** - A veterinary financing option that we can help you apply for or you can do right from your mobile phone at carecredit.com. You will know if you are approved for the program in just a few minutes and can use the credit immediately.

CareCredit Program Highlights



- Low monthly payments (3% of the total balance)
- Interest free for 6 months
- Determine approval in a matter of minutes
- No annual fee
- **Scratch Payment Plan** - A veterinary billing option. After choosing Bethany Animal Hospital from their list of partners, you will complete a brief application to determine eligibility. You would choose a payment plan (from 0-12 months) that fits your budget and they would determine the amount available to you.

Scratch Payment Plan Highlights



- Approval determined in a matter of minutes
- Monthly payments according to your budget
- APR as low as 5.9%
- No hidden fees or retroactive interest charges

I understand all fees are due when service is rendered or upon release of my pet. I understand that in the event of default in the payment of any amount due, the account may be placed in the hands of an agency or attorney for collection or legal action. I, the undersigned, hereby agree to pay an additional charge equal to the cost of the collection including attorney and agency fees and court costs incurred and permitted by laws governing these transactions. A finance charge of 1.5% per month (18% per year) will be charged to all unpaid balances. A \$3.00 billing fee will be charged on all accounts over 30 days. Once account is in default, no further appointments or services will be provided until the full balance due has been paid. All animals must be picked up within three days of specified release date. After this time, the animal will be considered abandoned. It is understood that abandonment does not relieve me from my financial responsibility.

Client Signature: _____ **Date:** _____

Co-Owner Signature: _____ **Date:** _____