

# BAY AREA VETERINARY SURGERY

## Client Information Form



Welcome to BAVS. Please take a moment to give us the following information:

### Client Information

Name(s): \_\_\_\_\_ Driver License/ID# \_\_\_\_\_

\_\_\_\_\_ Driver License/ID# \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone numbers (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer/Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**(Name/phone number): \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

Circle those that apply:      Female      Spayed      Male      Neutered

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Most recent rabies vaccine: \_\_\_\_\_ Comments: \_\_\_\_\_

### Referring Clinic Information

Clinic: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

### Method of Payment (please circle):

Cash    Check    Debit Card    VISA    MasterCard    Discover    AmEx    CareCredit\*

I agree and understand that **payment is expected in full at the time services are rendered**. Cash, credit cards, and local checks are accepted. If surgery is needed, and I agree to my pet's surgery, **a 50% deposit of the estimated surgical expenses will be required when I leave my animal with BAVS for the recommended procedure, with the balance to be paid in full when my pet is discharged into my care**. I further agree and understand that **I am responsible for a collection fee of 35% on any unpaid balance as well as any attorney fees that may result from default or non payment**. \*If using CareCredit for full or partial payment, please ask our receptionist about the plans we offer and make certain you understand the terms of payment.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_