

Canal Veterinary Hospital

Welcome to the Family

We look forward to getting to know you and your pet(s)!

Owner Name: _____

Co-Owner: _____

Owner Date of Birth: _____

Co-Owner Phone: _____

Primary Phone: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Employer: _____

Physical Address: _____

Mailing Address: _____

How did you hear about us: Hospital Sign Web Search Social Media Friend

If recommended, who may we thank? _____

- Check here to grant permission for Canal Veterinary Hospital to use, publish or broadcast photos or video footage taken of your pet in marketing campaigns and/or on social media platforms (owner names and personal information will always remain protected!).

Financial Policy:

All fees are due in full at the time of discharge.

Delinquent accounts will accumulate a 1.5% finance charge for every 30 days of nonpayment.

Returned checks will incur a \$35 fee.

A partial deposit may be required prior to surgery or extensive workup.

Client Agreement:

I, the above named client, hereby certify that I am 18 years old or older and accept financial responsibility for this account.

I authorize the Veterinarian(s) of Canal Vet to examine, prescribe for, and provide medical care for my pet(s) of record. I have read and understand the Financial Policy above and assume full responsibility for all hospital charges as well as fees associated with collection of any unpaid balances. Should my account require submission to a collection agency or the filing of suit in any court of law to collect the amount due, I agree to pay reasonable attorney fees and court costs incurred.

Signature of Owner/Agent: _____

Date: _____