

Alberta Veterinary Clinic Client Information Sheet

Date: _____

Owner Name: _____

Address: _____ City _____

State: _____ Zip Code: _____

Phone: _____ 2nd Phone: _____

Email: _____

METHOD OF PAYMENT (please check):

Cash: _____ Check: _____ Credit Card: _____ Care Credit: _____

Pet Information

Please Circle: Cat / Dog Male / Female Spayed / Neutered

Name: _____ Date of Birth: _____

Breed: _____ Coat Color: _____

Please Circle: Cat / Dog Male / Female Spayed / Neutered

Name: _____ Date of Birth: _____

Breed: _____ Coat Color: _____

****PAYMENT IS DUE WHEN SERVICES ARE RENDERED****

If you are paying with a check, please provide the following information

Driver License Number/State _____ Expiration date _____

We will gladly provide a written estimate, please ask doctor or technician.

ALBERTA VETERINARY CLINIC does NOT BILL. Fees for services are due and expected when services are rendered. Any other alternative payment options must be discussed with management prior to office visit.

I agree to pay at time of service: _____

Responsible Party Signature