

Welcome to Halsey East Animal Clinic

Client Information

All of these fields are for the client information, not your pet(s).

Primary Owner: _____
Secondary Owner: _____
Address: _____
Apartment: _____
City: _____
State: _____
Zip Code: _____
County: _____
License/ID#: _____
How did you hear about us? _____
Referred by: _____

Primary #: _____
Primary Cell: _____
Secondary Cell: _____
Primary Email: _____
Secondary Email: _____
Employer: _____
Work #: _____
May we contact you at work? Yes () No ()
Would you prefer reminders by Email () or Mail ()
Pet Health Insurance Provider: _____

Upon completion of services the **balance is due in full**. While we do not carry balances, we do accept Cash, Checks (from established clients), Debit, Visa, Mastercard, Discover, and Care Credit (ask our staff for more information). We encourage Pet Insurance.

Arriving late to an appointment and/or cancelling with less than 24 hours notice, may subject you to an additional fee, and will require deposits at the time of scheduling future visits. We will gladly provide an estimate at the time of your visit.

All Daycare pets must be current on the Rabies, Distemper Parvo, and Bordetella vaccines. Additionally, all daycare pets must have a clean fecal test every 6 months. These requirements must be met at a minimum of 7 days prior to first visit.

I authorize the doctor to provide any treatments on my pet as needed, while either hospitalized or in daycare at Halsey East Animal Clinic.

I have read the above and agree to pay all fees at time of service.

Signed: _____

Date: _____