

Governor Animal Clinic, Inc.

Please print clearly and fill out form completely. All information will be confidential.

Name:	Spouse/Partner's Name:
DOB:	DOB:

Date of birth is required by DEA for dispensing of controlled drugs.

Email:	Email:
Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:

Medical reminders and appointment confirmations will be communicated via email and/or text messages.

Please mark the box next to the email address and mobile phone number you would like to have these messages sent to and indicate your preferred phone number with an asterisk (*).

Please update your email spam filters to keep emails from info@governoranimalclinic.com

Children's Names:	
Employer/Occupation	Employer/Occupation
Work Phone:	Work Phone:
Driver's License:	Driver's License:

Home address

Street	Unit/Apt:
City, State, Zip	

Please list all pets at home.

Pet's Name	Cat/Dog	Date of birth	M/F	Spayed/Neutered	Breed/Description

Have any of your pets shown signs of aggression or fear? Please list pet's name(s): _____

How did you hear about us? (Please be specific) _____

Please initial below:

- _____ Appointment cancellations must be made at least 24 hours in advance.
- _____ Written estimates will be provided upon request. All fees are due at the time services are rendered. We accept cash, personal checks, and major credit cards. There will be a \$25.00 service charge for any checks returned unpaid.
- _____ Although we do not offer billing services we accept Master Card, Visa, Discover, and American Express. Please ask us about Care Credit if you wish to arrange financing.
- _____ Should this account become delinquent, I understand that I am responsible for any and all legal fees, court costs, and collection charges involved as a result of any collection activity.
- _____ Hospital personnel are not here 24 hours a day. Patient care may be provided on a limited basis during overnight hours only as deemed necessary by the attending veterinarian.
- _____ I give consent for Governor Animal Clinic to release medical records of my pets when requested (i.e. emergency clinic, veterinary hospital, pet insurance agency, etc.).

Signature of owner/responsible agent for pet(s) _____ Date _____