

Welcome to Sunset Canyon Veterinary Clinic!

Thank you for choosing our veterinary clinic! We pride ourselves in offering superior quality medical care and emphasize preventive medicine. We look forward to serving you and caring for your pet's needs for many years to come. Please tell us more about you:

Owner's Name _____ Spouse: _____

Primary phone (____) _____ - _____ Alternate phone: (____) _____ - _____

Address _____

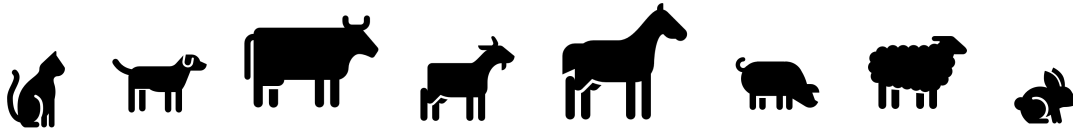
City/State _____ Zip Code _____

Driver's License# _____ State _____ DOB _____

E-mail address _____ Would you like e-mail reminders? Y / N

Previous Veterinarian _____

Who may we thank for referring you? _____



ACKNOWLEDGEMENT:

Payment is due at time of service. A minimum finance charge of \$2.00 and a maximum of 1.5% will be applied to all accounts with a balance beyond 30 days. A billing charge of \$1.00 will be charged to each statement cycle to help defray billing costs. Any collection or legal fees required to collect unpaid accounts will be the responsibility of the client. Our request for payment at the time services are rendered is no reflection of your credit status. This policy enables us to operate more efficiently, reducing the cost of treatment.

I hereby authorize Sunset Canyon Vet Clinic and its veterinarians to examine, prescribe for, and treat my pet/s. I release Sunset Canyon Vet Clinic and its veterinarians from any liability related to any such care. I assume full responsibility for all charges incurred and understand that a deposit may be required for hospitalization and/or treatment.

We're on Facebook! Can we use your pet's photo for marketing purposes and/or general social media posts? Y / N

Signature of Owner or Financially Responsible Party (Must be 18 years or older)

Date