



For Office Use Only:

Today's Date: _____

Client #: _____

**WELCOME TO OUR OFFICE!
New Client/Patient Form**

Client/Owner Information:

Name:

Spouse Name:

Address:

Apt #: City/State/Zip:

Home Phone #:

Work Phone #:

Cell Phone #:

Spouse Phone #:

Email:

Employer:

How did you hear about us/who referred you?

Drove/Walked By

Internet

Phone Book

Yelp

New Mover Mailer/Postcard

Air Force Base

SPCA

Client:

Employee:

Other Hospital/Doctor:

Other:

Pet Information:

Name:

Age:

Birth date:

Color:

Breed:

Is your pet microchipped?

Yes

No

Gender

Male

Female

Is your pet spayed or neutered?

Yes

No

What vaccinations has your pet had?

Date of more recent vaccinations?

Where did your pet receive these vaccinations?

Additional Pets:

Name	Breed	Age	Color	Sex	Spayed/Neutered	Microchipped
					Yes No	Yes No

Name	Breed	Age	Color	Sex	Spayed/Neutered	Microchipped
					Yes No	Yes No

Name	Breed	Age	Color	Sex	Spayed/Neutered	Microchipped
					Yes No	Yes No

Please flip to the next page to read and sign our financial policy. Thank you & welcome!

8636 Dorchester Road, Suite 112 | North Charleston, SC 29420 | 843.552.8278



The Animal Hospital of North Charleston Financial Policy

Thank you for choosing The Animal Hospital of North Charleston. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making sure the cost of optimal care is as easy and manageable for our clients as possible by offering several payment options. The Animal Hospital of North Charleston requires payment in full at the end of your pet's examination and/or the time of discharge.

OUR PAYMENT OPTIONS INCLUDE:

· Visa, Mastercard, Debit, Discover, Checks and Cash.

Convenient monthly payment plans from CareCredit*

- Allow you to begin treatment today and pay over time.
- Available for any treatment amount
- Can be used repeatedly for your entire family WITHOUT having to re-apply*

*SUBJECT TO CREDIT APPROVAL.

DEPOSITS & BILLING:

For some treatments, surgical procedures, and hospitalized care, a deposit is required. Healthcare plans requiring your pet to be dropped off and stay with us for any length of time will require a 50% deposit to begin your pet's treatment.

ADDITIONAL POLICY INFORMATION:

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier, but please remember we require payment in full at the time of service. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

I understand that full payment is due upon rendering of services. I understand that checks are not an accepted form of payment but VISA, MasterCard, Discover, Debit & Cash are. I agree that a service charge of 1 and 1/2 percent per month (18% APR) will be added to ALL overdue accounts. I also agree that I will be held fully liable for all legal and collection effort costs incurred.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature:

Date:

Client/Owner Name (Please Print):

AHNC employee accepting this form:

Employee Signature:

Social Media Release

I hereby grant the Animal Hospital of North Charleston permission to use my pet's likeness, my likeness, and my pet's medical information in any and all of its publications, including social media profiles, without payment or other considerations.

If yes, please initial: