REFERRAL CLIENT FORM

OWNER'S NAME _____SSN#_____BIRTHDATE_____

STREET OR BOX NO _____CITY _____ST_____ZIP_____

HOME PHONE_____ CELL PHONE_____WORK PHONE_____

EMPLOYER_____EMPLOYER ADDRESS _____

SPOUSE/CO-OWNER NAME _____SSN#_____BIRTH DATE_____

STREET OR BOX NO _____CITY _____ST_____ZIP_____

HOME PHONE_____ CELL PHONE_____WORK PHONE_____

EMPLOYER_____EMPLOYER ADDRESS _____

METHOD OF PAYMENT: ____CASH ____CHECK ____VISA ____MASTERCARD ____DISCOVER _____ 3RD PARTY

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REFERRING VETERINARIAN _____

PET'S NAME_____BREED:_____DOG _____ CAT ____

MALE _____ FEMALE _____ AGE/DATE OF BIRTH _____ COLOR _____

HAS YOUR PET BEEN SPAYED OR NEUTERED? _____

Because we are a referral veterinary clinic, we can only treat the problem you were referred to us for. It is important to remember that I am ethically responsible to you and your referring veterinarian for treating only this problem. I am also ethically bound to limit my discussion, diagnosis, and treatments to that particular problem and how it relates to the overall long-term health of your pet. I will always be available to you until this particular problem is resolved. After the resolution of this problem, you will be discharged back the the care of your referring veterinarian. Also, the referring veterinarian will take care of any non-related problem occurring at the same time.

FINANCIAL RESPONSIBILITY AGREEMENT: I/we understand that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of my account, a collection fee of 33 ⅓ % will be added to my account. I/we agree to pay that fee. I/we further agree to pay reasonable attorney fees and court costs. I agree that by providing a cell phone number on this form, I/we am providing my consent to have you or your agents call me at that number from this date forward. I/we understand and agree to the above terms.

By signing below I am also authorizing the release of my pets medical records, shall I contact the clinic and need a copy them or need a copy sent to another party.

_____ **Date_____**

Signature of responsible party

_____ **Date_____**

Signature of responsible party