



*It is our policy to protect your privacy. This information will not be sold or provided to any third party without your permission.*

**PRIMARY CONTACT INFORMATION**

<u>NAME</u>		
		MR. MRS. DR. _____
FIRST	LAST	OTHER

<u>MAILING ADDRESS</u>		
STREET	SUITE/APT #	COUNTY
<input type="checkbox"/> Fredericksburg	<input type="checkbox"/> VA	
CITY	STATE	ZIP

<u>TELEPHONE</u> <i>Please write 1, 2, or 3 next to home/work/cell to indicate your order of preference.</i>		
HOME	WORK	CELL

<u>EMAIL</u> <i>By providing your email address, you consent to receive reminders and alerts by email</i>	
EMAIL ADDRESS	

Check here if you would like to sign up for ePetHealth.

*This free internet service allows you access to your pet's medical records, to receive email reminders, and to request medications and appointments. You will not be sent junk mail.*

**ALTERNATE CONTACT INFORMATION**

You may authorize another person to make decisions about your pet's care. This person must be at least 18 years of age. This authorization does not relinquish your financial responsibility for charges incurred on your behalf.

<u>NAME</u>		
		MR. MRS. DR. _____
FIRST	LAST	(OTHER)

<u>TELEPHONE</u>		
HOME	WORK	CELL



**HOW DID YOU HEAR ABOUT US?**

Other _____	Road/Building Sign	SPCA	Welcome to the Neighborhood postcard
My Apartment Complex _____	Facebook	YMCA	Referred by _____
Workplace benefit _____		Google	Community Event _____

**PAYMENT POLICY**

**Payment is due at the time services are rendered.** We accept cash, checks (with matching Virginia driver's license or Military ID), Visa, MasterCard, American Express, Discover and Care Credit. There will be a \$50 fee for returned checks. In the event this account shall be in default and placed with a collection agency for collection, then the undersigned agree to pay all reasonable collection costs including thirty-three percent for fees.

Check here if you would like to be able to make credit card payments over the phone

**PUBLICITY RELEASE**

From time to time we use photos of our patients for marketing purposes. If a name is used, it is only the first name of the pet and never the name of the pet's owner. Unless indicated otherwise, I hereby give permission for pictures of my pet(s) to be taken and used for publication, educational purposes, and/or promotion of Four Paws Animal Hospital and Wellness Center.

Sign here if you DO NOT authorize the use of your pet's picture \_\_\_\_\_

Signature

Date