



Welcome to Pinnacle Peak Animal Hospital!
Thank you for giving us the opportunity to care for your pet(s).



Client Information:

Your Name: _____ Secondary Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone #: _____ home cell work

Phone #2: #: _____ home cell work

Email: _____ Occupations: _____

How were you referred to us? Location Social Media Money Mailer Family or friend

Personal/Business Name: _____

Referral Website: _____

Relationship to the patients: Owner Petsitter Family or friend of owner

Patient Information (Please include all pets in your household)

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species	CANINE/ FELINE	CANINE/ FELINE	CANINE/ FELINE	CANINE/ FELINE
Breed				
Date of Birth				
Color				
Gender/ Altered	F/ M SPAYED/NEUTERED	F/ M SPAYED/NEUTERED	F/ M SPAYED/NEUTERED	F/ M SPAYED/NEUTERED

Previous Veterinarian: _____ Phone #: _____

I authorize Pinnacle Peak Animal Hospital to request and obtain previous medical and vaccination records.

History of medical issues: _____

History of surgeries: _____

Known allergies/reactions: _____

Current medication(s): _____

Pet sitter/other person authorized to seek treatment for my pet(s): please also complete Medical Power of Attorney

Name: _____ Phone: _____

May we use your pet(s) photo and story on our website, social media & marketing materials?

Yes: ___ No: ___

SIGNATURE: _____ DATE: _____

Receptionist initials: _____

Client Account #: _____

Card done: _____

Financial Policy

Our animal hospital receives no support from charitable organizations or the government. Only if we receive prompt payment for our services and products can we maintain the well-equipped, staffed, and stocked facility that our patients deserve. Thus, the following is the financial policy of this business:

Pinnacle Peak Animal Hospital does not bill fees for services. Payment is expected at the time services are rendered. If for any reason fees are not paid, finance charges will be charged at the rate of 1.5% per month (18% per annum) on the unpaid balance, with an additional \$2.00 billing fee per month until payment is made in full. Any checks returned from the bank for insufficient funds will be assessed a \$25.00 processing fee. Client agrees to pay all collection and attorney's fees incurred in the collection of any unpaid balance. Clients with excessive "no call, no show" appointments may be required to prepay for future exams when scheduling.

1. Acceptable means of payment include:

- a. Cash
- b. Checks (with current Driver's License or State ID with current address)
- c. Visa, MasterCard, American Express or Discover
- d. Debit
- e. Care Credit Financial Services

2. Hospitalization:

In the event that your pet requires hospitalization a 50% deposit on the estimated treatment plan will be required to initiate treatment. The doctor may need to vary from the procedure listed in order to provide proper care for your pet and additional charges may be incurred. The remaining balance will be due in full when your patient is discharged from the hospital.

3. No additional services may be charged to any accounts with outstanding balances. Instead, all fees for such services or products must be paid at the time of service.

4. Any delinquent accounts deemed uncollectible may be sent to a collection agency or attorney for recovery of the balance owed plus reasonable collection and/or court costs, attorney's fees, interest, and/or billing fees.

5. Pet sitters:

In the event that a pet requires medical attention while in the care of a pet sitter the above policy is still enforced. Pinnacle Peak Animal Hospital will make every attempt possible to contact the owner to communicate medical care and arrange payment. If the owner is unreachable, or has not made prior payment arrangements, the pet sitter will be responsible for charges incurred.

I have read, understand, and will adhere to the above Financial Policy of Pinnacle Peak Animal Hospital.

Signature: _____ Date: _____