

**11828 Slater Ave NE Suite 100**

**Kirkland WA 98034**

**Phone (425) 823-6762**

**Fax (425) 814-8421**

**New Client Information Form**

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| Client Information |
| Name: | Please check preferred contact method |
| Street Address:  | Home: ( ) |
| City: State: Zip:  | Cell: ( )  |
| Email: ( ) | Work: ( ) |
| Other Owners' Name(s): | Phone(s):  |

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| Animal Information*\*Please Include all the Animals in the Household\** |
| Name  | M/F  | Spay/Neuter  | Species | Breed  | Color  | Date of Birth |
|  |  |  |  |  |  |  |
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Please carefully read the following agreements and check the ones that you consent to:

* I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release. \*We accept Cash, Debit, Visa, MasterCard, American Express, Discover and CareCredit. We do not accept checks.
* I understand if I have an unpaid balance to Critter Doctor and do not make satisfactory payment arrangements, my account may be placed with external collection agency.  I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses, including reasonable collection and attorney’s fees incurred during collection efforts.
* In order for Critter Doctor or their designated external collection agency to service my account and where not prohibited by applicable law, I agree that Critter Doctor and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.
* I hereby consent to Critter Doctor employees taking and posting photographs of my pet(s) listed above.

Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_