



James M. McQuade, DVM - Grace A. Inskeep, DVM - Mariah L. Newlin, DVM - Holly A. Lusby, DVM

All fees are due and payable upon completion of visit. For your convenience, we accept Cash, Checks, CareCredit, American Express, MasterCard, Visa, and Discover. Please circle your choice(s) of payment.

CLIENT AND PATIENT INFORMATION SHEET

OWNER: _____ SPOUSE: _____

Last
First
Middle Initial
First
Middle Initial

DRIVERS LICENSE#: _____ DOB: _____ SOCIAL SEC.# _____

ADDRESS: _____

Street
Apt. #
City
State
Zip

E-MAIL ADDRESS: _____ PHONE # _____
Spouse/Alt.

OWNER EMPLOYER: _____

Dept./Title
Address
Phone #

SPOUSE EMPLOYER: _____

Dept./Title
Address
Phone #

EMERGENCY CONTACT(S): _____

Name
Address
Phone #
Relation

PET INFORMATION (Please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
CAT/DOG			
BREED			
COLOR			
DATE OF BIRTH			
FEMALE/MALE			
SPAYED/NEUTERED?			
VACCINATED (Date)			
Heartworm Preventative?			
Flea/Tick Preventative?			
Microchip number			

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

LOCATION _____ HOSPITAL SIGN _____ WEB SEARCH _____
 PERSONAL RECOMMENDATION _____ WHOM MAY WE THANK? _____

Thank you for giving us the opportunity to serve you!

Please see next page

Financial Policy

Thank you for choosing YUKON VETERINARY HOSPITAL. 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 the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

You can choose from:

- Cash, Check, Visa®, American Express®, MasterCard® or Discover Card®
- Convenient Monthly Payment Plans* from CareCredit®
 - Allow you to begin treatment today and pay CareCredit over time
 - Available for any treatment amount
 - Can be used repeatedly without having to reapply

We do not offer any in-house payment plans. We charge 1.5% interest on all outstanding balances older than 30 days. If you have an account 90 days past due, YUKON VETERINARY HOSPITAL will relinquish your balance owed to a collection agency. By signing below, you give permission to YUKON VETERINARY HOSPITAL and its agents to contact you on any phone number/email that has been provided, including cell phone and emergency contacts, for the purpose of collecting a debt.

YUKON VETERINARY HOSPITAL requires payment the day services are rendered, or at the time of patient discharge. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

There is a fee of \$27.50 for all returned checks.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available to your pet.

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

Client/Owner Signature

Printed Name

Date

*Subject to credit approval.