

Herrin Animal Hospital 417/847-5888



Owner or Responsible party contact information:	please print clearly			
Name:	Home Phone:			
Spouse/Co-owner:	Cell Phone:			
Home Address: Street	Spouse Cell Phone:			
City State Zip	email:			
Employer: Address:	Emergency contact:			
Phone:	Phone:			
How would you prefer we contact you?	How did you hear about Herrin Animal Hospital?			
Is it ok for us to text you? Yes □ No□	Is there someone we can thank?			
Cell # and carrier:				
Pet's Name:	Hours per day pet spends outside:			
Species: □ Dog □ Cat □ Other	Date of Birth/Age:			
Sex: Male—neutered yes no Female—spayed yes no	Breed:			
Previous vaccinations by (Dr. or clinic name):	Color/Markings:			
Date:				
Please list any current medications/conditions	Any known allergies? Yes □ No □			
	Explain:			
Pet's Name:	Hours per day pet spends outside:			
Species: □ Dog □ Cat □ Other	Date of Birth/Age:			
Sex: Male—neutered yes no Female—spayed yes no	Breed:			
Previous vaccinations by (Dr. or clinic name):	Color/Markings:			
Date:				
Please list any current medications/conditions	Any known allergies? Yes □ No □			
	Explain:			

Please notify us if you have more pets.

Please complete reverse side of this form→



Herrin Animal Hospital



Herrin Animal Hospital Financial Policy

We require **Payment in full** at the time that services are rendered. A deposit payment will often be required and the amount based upon the estimated charges. We accept cash, personal checks, Visa, Mastercard, Discover, and American Express. We do offer financing through CareCredit after application and approval. Personal checks require a valid driver's license or social security number, date of birth, current address, and phone number on the check. All returned checks will be subject to a \$30 fee, and if not paid will be prosecuted.

All accounts greater than 60 days past due and subject to being turned over to a collection agency. You, the client, will then be responsible for all expenses including a finance charge of 1.99% per month (minimum of \$3.50/mo), collection fees up to 40% and attorney fees, in addition to the original balance due.

By signing, you have read, understand, and agree to this policy.							
Client Signature				Date			
Fees are due at the time How will you be paying?	services are ren Cash/Check	ndered	Visa/MC/Discover		Care Credit □		
SSN/DL#: Date of Birth:							