

Welcome to Pioneer Animal Clinic



Client Name: _____ Spouse/Relative/Other: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Cell Number: _____

Work Number: _____ Spouse/Relative/Other Number: _____

Social Security OR Driver's License Number: _____

Email Address: _____

Patient Name: _____ Breed: _____

Date of Birth: _____ Color: _____

Circle: MALE / FEMALE Spayed / Neutered: YES / NO

Reason for Visit: _____

OUR POLICY OF CARE AND PAYMENT

Ensuring that our patients receive high quality care is the goal of our practice.

Payment is due at the time of service. We accept CASH, CHECK, all major credit cards, and CARECREDIT - which provides extended payment options.

Circle Payment Options:

1. CASH/CHECK 2. CREDIT CARD 3. CARECREDIT (Subject to credit approval)

Apply for CareCredit at www.carecredit.com – It's quick, easy and free!

I, hereby, authorize the Veterinarian to examine, prescribe for, and/or treat the above described animal(s). I have read and agree to be bound by the Financial Policy.

Signature: _____ Date: _____