



Welcome to Mission Animal Hospital!

OWNER INFORMATION:

First Name: _____ Last Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Home Cell

Secondary Phone Number: _____ Home Cell

Email Address: _____

Would you like to receive email reminders for your pet? YES NO

PET INFORMATION: (Please use a new form for each pet)

Pet's Name: _____ Pet's Age/Date of Birth: _____

Check One: DOG CAT OTHER: _____

Check One: MALE FEMALE Is your pet spayed/neutered? YES NO

Breed: _____ Color: _____

Does your pet have a microchip? YES NO

List your pet's current medical conditions, allergies, and medications: _____

At Mission Animal Hospital, we offer a two-tiered pricing system. Our Mission Program is a discount that is available to those who are on a form of public assistance or who meet our income guidelines.

Do you qualify for this program? YES NO

I hereby allow Mission to take photographs of my pet for the purpose of social media communication (posting on Mission Animal Hospital's Facebook page or website) YES NO

How did you hear about Mission Animal Hospital? Internet Drive-By Other: _____



FINANCIAL POLICY

Thank you for choosing Mission Animal 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. **Although we offer many payment options, payment in full is required at the time of service unless you choose to do an in-house payment plan. See below for details.**

Payment Options: We accept the following forms of payment:

- Cash, Check, Visa[®], MasterCard[®], American Express[®] or Discover Card[®]
- CareCredit[®] Healthcare CreditCard: Convenient Monthly Payment Options¹ that allow you to begin treatment today and pay over time, is available for any treatment amount, and can be used repeatedly - for your entire family - without having to reapply¹.
- In-House Payment Plan: It is available for accounts over \$200.00. Half of the total balance is due at the time of visit. The other half will be paid out over the following two months. There is a \$5.00 shipping fee applied to all new payment plans. Payment will be collected via automatic card payments or post-dated checks. Mission Animal Hospital may relinquish your balance owed to a collection agency in the event that your account is past due.

Additional Policy Information:

Mission Animal Hospital charges \$25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

By signing this form you authorize us and/or a third party collections agency to reach you via your mobile phone, if provided and applicable.

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

By signing below, you agree to the foregoing terms:

Client/Owner Signature _____ Date _____

Client/Owner Name (Please Print) _____

Pet Name _____ Breed _____

¹Subject to credit approval



RECORDS REQUEST FORM

If you would like us to contact your previous veterinary clinic for records, please fill out the following information.

Previous Veterinary Clinic Name: _____

Phone Number: _____

Pets Seen at This Clinic: _____

Previous Veterinary Clinic Name: _____

Phone Number: _____

Pets Seen at This Clinic: _____

Previous Veterinary Clinic Name: _____

Phone Number: _____

Pets Seen at This Clinic: _____

I authorize the clinic(s) above to release veterinary records to Mission Animal Hospital.

Printed Name _____

Signature _____

Date _____