Thank you for giving Kind Animal Care the opportunity to care for your pet.
Please complete the following:

OWNER INFORMATION (PLEASE PRINT):*

First Name:_____ Last Name: _____

Address: _____City:_____State:_____

Zip Code: _____Driver's License#:_____

Home#:_____Work#:_____Cell#:_____

Spouse/Another Owner's Name: _____Spouse/Other Cell#:_____

Email:_____(For appointment confirmations, reminders, etc.)

Preferred Method of Contact (select all that apply): Text: _____ Email: _____ Phone: _____

Standard text messaging rates may apply from your carrier.*

How did you first hear about Kind Animal Care? Please circle all that apply*

- _____Telephone book/Yellow Pages
- _____Sign
- _____Received our flyer in the mail
- _____Google
- _____Facebook
- _____Another online source (Please specify) →_____
- _____Referral (Specify name of person who referred you) →_____
- _____Other (Please specify) →_____

Please turn over and fill out back page →→→→

PET(S) INFORMATION

Pet Name:____________________________ Please Circle Type of Pet: DOG CAT

Does your pet have a microchip: Yes No Birthday/Age:___________ Breed:______________________

Color: ______________________ Sex: Male Female Neutered/Spayed: Yes No

Do you have pet insurance for your pet? Yes No If So, what is the name:____

Would you like information on pet insurance? Yes No

Pet Name:____________________________ Please Circle Type of Pet: DOG CAT

Does your pet have a microchip: Yes No Birthday/Age:___________ Breed:______________________

Color: ______________________ Sex: Male Female Neutered/Spayed: Yes No

Do you have pet insurance for your pet? Yes No If So, what is the name:____

Would you like information on pet insurance? Yes No

Pet Name:____________________________ Please Circle Type of Pet: DOG CAT

Does your pet have a microchip: Yes No Birthday/Age:___________ Breed:______________________

Color: ______________________ Sex: Male Female Neutered/Spayed: Yes No

Do you have pet insurance for your pet? Yes No If So, what is the name:____

Would you like information on pet insurance? Yes No

KIND ANIMAL CARE FINANCIAL POLICY

Please read our financial policy carefully prior to signing it.

Our policy is to provide you with a written estimate of fees required for in-clinic treatment, emergency care, surgery, and/or hospitalization. A deposit is <u>required prior</u> to any treatment and for all hospitalized animals. Hospital accounts must be kept current throughout the period of hospitalization. If you do not pick up your pet within 10 (ten) days of its release date, your pet will be considered abandoned. Your total bill, which is to include the treatment charges plus the ten additional days of hospitalization will be turned over to a national collection bureau, to be placed on your credit record.

Desired Form of Payment: (Please circle all that apply)

Cash Visa Mastercard American Express Discover Care Credit Card

I have read and understood the above policies and request treatment for my pet in accordance with these policies. I assume all financial responsibilities for all charges incurred to the patient (pet) and agree to pay all costs of collection and/or fees in the event of non-payment.

Signature ____ Date _____________________________________