



# WELCOME



to DeZavala-Shavano Veterinary Clinic

*"Pet Care Is Our Passion!"*

## General Information

Please note a government-issued picture identification will be requested to verify identity for establishing an account.

Owner \_\_\_\_\_ Spouse/Co-owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work (Owner) \_\_\_\_\_ Work (Co-owner) \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact/Number \_\_\_\_\_

How did you hear about us?  Sign (Drive-by)  Yellow pages  Online  Referral—Whom may we thank? \_\_\_\_\_  Other \_\_\_\_\_

## Pet(s) Coming In This Visit

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_  
(please estimate if unknown)  
 Male  Neutered  Female  Spayed

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_  
(please estimate if unknown)  
 Male  Neutered  Female  Spayed

## Authorization

### PAYMENT IS DUE UPON COMPLETION OF SERVICES

I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this/these animal(s). I understand every reasonable effort will be made to provide for successful treatment; however, due to the nature of some conditions, no guarantee can be made of a successful outcome. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I agree to pay interest charges of 18% APR (1.5% per month) for any balance over 30 days past due. Should collections efforts become necessary, I further agree to pay the reasonable costs incurred in the process of collections. I also agree to pay a non-sufficient funds (NSF) fee of \$30 or the maximum allowed by state law for any returned check, and this fee along with full check payment may be electronically withdrawn from my bank account.

\_\_\_\_\_  
Signature of Owner or Financially Responsible Party

\_\_\_\_\_  
Date