

BRADEN RIVER ANIMAL HOSPITAL

CLIENT REGISTRATION

NAME _____ SPOUSE _____

NAME YOU PREFER TO BE CALLED _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ CELL _____ OTHER _____

EMAIL ADDRESS _____

In the event of an EMERGENCY, Contact _____

Employer name _____ Phone _____

PET INFORMATION

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Breed _____

Breed _____

Color _____

Color _____

Species: Canine Feline

Species: Canine Feline

Gender: Male Female

Gender: Male Female

Neutered/Spayed? Yes No

Neutered/Spayed? Yes No

How did you hear of our Practice? _____

Whom may we thank / Referring Veterinarian? _____

I assume all responsibility incurred in the care of my animals. I also understand the charges incurred are to be paid in full at the time of service and a deposit may be required prior to Hospitalization. I agree to pay all cost of collection and reasonable attorney's fees in the event of non payment. I also consent to the full release of medical information and authorize direct payment to Braden River Animal Hospital.

I hereby give Braden River Animal Hospital permission to take photographs of me and my pet for the purpose of posting on Braden River Animal Hospital Facebook, Twitter & Clinic Website.

I hereby release and discharge Braden River Animal Hospital from any and all claims arising out of use of photos. I am above the age of 18. I have read the foregoing document and fully understand its contents.

Owner / Agent _____ date _____

Braden River Animal Hospital

5012 St Rd 64 E | Bradenton, FL 34208 | Phone 941-745-1513 | Fax 941-746-0515

Financial Policy

Thank you for choosing Braden River 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. Braden River Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

Additional Policy Information:

Braden River Animal Hospital charges \$30 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.

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 of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

¹Subject to credit approval