

Your Name: _____ Phone 1: _____

Significant Other: _____ Phone 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Phone: _____

E-mail Address: _____

How did you find us? _____

Method of Payment: Cash Credit Card Care Credit

Please Note Our Hospital's Financial Policies

1. Payment is due, in full, at the conclusion of the visit or service. **WE DO NOT BILL.** We do accept Care Credit. Whole Pet Wellness Center DOES NOT extend credit or arrange payment terms. All hospital or surgical estimates are to be paid half down in advance of services and the remaining balance is to be paid in full at completion of service.
_____(initial)
2. I understand failure to pay will result in full collection effort being taken and I will be responsible for all collection costs including, but not limited to, court costs, serving by private processor or Sheriff, and any other fees incurred. _____(initial)

Whole Pet Wellness Center offers excellent Veterinary care at value driven prices. We sincerely hope you understand our policies as they are in place to keep your Veterinary medical expenses to a reasonable rate.

I have read the above reference policies. I understand them completely and give notice of my intention to fully adhere to their provisions.

Owner/Agent Signature

Date