



Welcome to Advanced Animal Care



Date: _____ Driver's License # (required): _____ DOB _____

Name: Last: _____ First: _____ Co-Owner: _____

E-Mail: _____

Mailing Address: _____ City/State/Zip: _____

Physical Address (if different from above) _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Employer: _____ Work Phone (____) _____

Emergency Contact Name (other than self): _____ Phone: (____) _____

How did you learn about our practice: _____

*****ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*****

AAC does not offer payment plans. Clients seeking payment arrangements may apply for Care Credit, a health credit card through which payment plans are available.

****Payments Accepted: Visa, MasterCard, Care Credit, Cash and Check (Instant Funds Transfer) ****

Client Agreement: I understand that AAC utilizes the services provided by the Madison County Attorney for returned checks and all accounts sent to the county attorney are subject to additional fees and penalties. I also understand any balance that remains unpaid for any reason will be sent to a professional collection agency and I agree that I will be responsible for additional fees and penalties incurred to Advanced Animal Care for collections on this account, as well as interest accrued at 1.5% monthly (18% annum). Advanced Animal Care reserves the right to present past due accounts to small claims court in place of a collection service.

I have read the above and understand the hospital payment policy. I acknowledge that I am the responsible owner of the pet(s) associated with the above name and represent all other owners. I assume responsibility for all charges incurred in the care of the animal. You must be 18 years or older to legally sign this consent.

Signature of client responsible for pet(s) _____ Date _____

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Dog/Cat				
Breed				
Sex/ Altered				
Color				
DOB/Age				