



Client Information Form

Client Information	
Primary Contact	
LAST Name:	FIRST Name:
Street Address:	
City, State, ZIP:	Home Phone:
Cell Phone:	Work Phone:
Email Address:	
Secondary Contact	
LAST Name:	FIRST Name:
Relationship:	Email Address:
Cell Phone:	Work Phone:
Which phone number should be THE MAIN CONTACT for your account?	
Emergency Contact – Would you like to provide contact information for an emergency contact?	
Name:	Relationship:
Phone Number:	
How did you hear about Mount Carmel Animal Hospital?	
<input type="checkbox"/> Hospital Sign <input type="checkbox"/> Hereford area event <input type="checkbox"/> Internet Search <input type="checkbox"/> Other _____ <input type="checkbox"/> Referred by a Friend – whom may we thank? _____ <input type="checkbox"/> Television Ad – what Channel? _____ <input type="checkbox"/> Radio Ad – what Station? _____	
Financial Policy All services and products must be paid for at the time of service.	
<p>Our fee structure at Mt. Carmel Animal Hospital is based on the financial realities of providing superior care for your pet(s). We offer state of the art facilities and equipment, and well-trained and experienced clinical staff, which enable us to provide superior client and patient care. We encourage you to discuss charges and fees for services before they are rendered. We are always happy to provide a written treatment plan with an estimate of fees before providing any service.</p> <p>We accept a variety of payment options:</p> <p style="text-align: center;">Cash Debit Personal Check Visa, MasterCard, Discover, American Express</p> <p style="text-align: center;">Wells Fargo Health Advantage & Care Credit – healthcare credit cards - please see Front Desk for details</p> <p>Default on payments due, including checks returned for insufficient funds, are subject to legal action as allowed by law. Finance charges accrue 1.5% monthly (18% annual rate). Collection fees, bookkeeping fees and billing charges may also be incurred.</p>	
<input type="checkbox"/> I grant permission for my pet's photo to be used on MCAH website and advertising. <input type="checkbox"/> I do not agree to photo release.	
Signature:	Date:

Updated 8/28/2017