

ANIMAL OWNER INFORMATION.

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DATE _____

Account number _____

Admitting receptionist _____

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER (Last 4 digits)
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STREET ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE ()	CELL PHONE ()	EMAIL ADDRESS (we can send you vaccination reminders)
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PLACE OF EMPLOYMENT	WORK PHONE ()
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EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE
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SPOUSE'S NAME (Last, First, Middle)	SPOUSE'S SOCIAL SECURITY NUMBER
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SPOUSE'S PLACE OF EMPLOYMENT	SPOUSE'S WORK PHONE ()
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HOW DID YOU FIND OUT ABOUT US? PHONE BOOK STREET SIGN REFERRAL	IF ANOTHER PERSON/COMPANY RECOMMENDED US, PLEASE GIVE US THEIR NAME SO WE CAN THANK THEM
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MERCURY ANIMAL HOSPITAL PAYMENT POLICY **TO MAINTAIN FEES AGAINST THE RISING OPERATIONAL COSTS, WE HAVE ESTABLISHED THE FOLLOWING POLICY** ***PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED*** 1. NEW CLIENTS MUST PAY WITH CASH OR CREDIT CARD ONLY! 2. For established clients, we accept cash, checks, Visa, MasterCard, American Express and Discover Card. If you are writing a check, please give us the name of the bank _____ 3. We offer billing for unexpected costs through CARE CREDIT . Care Credit is a separate lending company and clients must qualify and be approved for this credit plan. You may apply for this credit in our office and will find out if your credit is approved and for how much within a few minutes in most instances. Care credit offers flexible payment schedules with payments. Please ask the receptionist how to apply for Care Credit
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AUTHORIZATION AND BILL PAYMENTS	
I authorized all necessary treatment and surgeries on my animal (s), bird(s), and/or reptiles by Mercury Animal Hospital Inc., and agree to be responsible for the bill(s). I understand that my insurance does not relieve me of this responsibility. I agree to pay all costs incurred in collecting any amount due, including 33 1/3% attorney fees. I further agree to pay 18% per annum on any unpaid balance of my bill when due. All bills are due when services are rendered unless other arrangements have been made in advance in writing. I hereby authorize Mercury Animal Hospital, Inc., to furnish to insurance companies or their representative, information concerning pet's illness or treatment, and I hereby assign to Mercury Animal Hospital all payments on my bill(s) for medical services rendered to my pet.	
_____ RESPONSIBLE PARTY/GUARANTOR <i>(MUST BE 18 YEARS AND OLDER)</i>	_____ DATE