



Four horizontal lines for information check.

We are pleased to have you as a client in our veterinary practice!

Responsible Party Information -Please Print:

Your name _____ Home Phone _____

Mailing Address _____ City/State _____ Zip _____

Physical Address _____ City/State _____ Zip _____

Place of Employment _____ Work Phone _____ Cell # _____

Your Social Security # _____ Driver's License# _____

If necessary, may we call you at work? ____ Yes ____ No

Spouse's Name _____

Spouse's Social Security # _____ Driver's License# _____

Place of Employment _____ Work Phone _____ Cell# _____

If necessary, may we call him/her at work? ____ Yes ____ No

Emergency Information (Relative, Neighbor, etc.)

Name _____ Phone _____

If at any time the above information changes, please let our office know of the corrections.

How did you become aware of our veterinary practice?

Clinic Sign ____ Yellow Pages ____ Other _____

Personal recommendation? Who may we thank? _____ Phone# _____

Our services are rendered on a quality basis and charged for in a fair and equitable manner. Please feel free to discuss these services and fees with us prior to medical/surgical treatment if you so desire, in as much as misunderstandings could undermine the doctor/client relationship we strive to achieve and preserve in our patient care.

We do not bill, but for your convenience we offer several methods of payment at the time our service is rendered. Which will you be using? Cash ____ Check ____ Visa ____ MasterCard ____ Discover ____

In the event that your pet becomes ill if boarding with us, and we are unable to contact you, do we have your permission to treat him/her in a reasonable and customary manner? ____ Yes ____ No

This medical office sees patients by appointment and kindly requests you notify us as soon as possible if you are unable to meet your scheduled time.

I (WE) THE UNDERSIGNED, HEREBY AGREE TO PAY ALL AMOUNTS AND CHARGES HEREAFTER INCURRED BY THE MEMBERS OF MY FAMILY FOR SERVICES RENDERED BY THIS OFFICE. FAILURE TO MAKE PAYMENT WHEN REQUESTED IS BASIS FOR LEGAL ACTION AND THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING A REASONABLE FEE, AND HEREBY WAIVE THEIR RIGHTS OF EXEMPTION UNDER THE LAW OF THE STATE OF NORTH CAROLINA AND ANY OTHER STATE.

Date _____ Signed _____

Dr. Bill Pierson and his staff thank you for giving Carolina Pet Care the opportunity to care for your pet.

