



Client Name _____ Account No. _____

Primary Phone No. _____ Secondary Phone No. _____ Tertiary Phone No. _____

Mailing Address _____

Physical Address _____

County of Residence _____ Email _____

Employer _____ Work Phone No. _____

Due to our evening business hours phone calls are often made after 6 p.m.
Please inform us when is the latest we may call you regarding your pet _____

IN CASE OF EMERGENCY

Emergency Contact (other then yourself) _____ Phone No. _____

ADDITIONAL INFORMATION

AUTHORIZATION

I hereby authorize Dr. Swann to examine, prescribe for, or treat pets under my account. I assume responsibility for all charges incurred in the care of these pets. I also understand that all fees are due at the time services are rendered.

There is a \$35.00 fee for all returned checks.

Accounts turned over to the legal system will be subject to additional legal fees.

We accept Cash, Checks, Visa, MasterCard, and Discover.

Client Signature _____ Date _____