



Pelican Rapids Animal Hospital

(218) 863-8387

New Client Form

Welcome! Thank you for giving us the opportunity to care for your pet(s.) We'll be happy to address any questions you may have about your pet's health. To insure the best care possible and so we may become better acquainted, please complete ALL of the following:

Owner Name _____ Spouse/Co-Owner _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Phone # _____ (Please check _____ if Cell*) Work # _____ Spouse # _____

Place of Employment _____ Email Address* _____

*Do we have your permission to notify you and confirm upcoming appointments via email? Yes _____ No _____

*Do we have your permission to notify you and confirm upcoming appointments via Text? Yes _____ No _____

Emergency Contact (Outside of the home) Name/Relation _____ Phone _____

How did you become aware of our clinic?

Sign/Building _____ Yellow Pages _____ Online _____ Previous/Current Client _____ Facebook _____ Other _____

Personal Recommendation (Whom may we thank?) _____

Payment is expected when services are rendered. If cost is a concern for you, please let us know prior to service. Accepted forms of payment:

Cash Check VISA MasterCard Discover AmericanExpress CareCredit

Care Credit is the ONLY payment plan offered by Pelican Rapids Animal Hospital. Please check the box if you are interested in Applying

***Authorization:** I hereby authorize the veterinarian to examine, prescribe for and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges must be paid in full at the time of release and that a deposit may be required for treatment.

***Cancellation Policy:** We reserve the right to charge for appointments cancelled or broken without a 24 hour notice.

***V.C.P.R:** A current Veterinary-Client-Relationship (annual examination) is required by law for the administration or refilling of prescription medications and some vaccines.

Signature _____

I hereby give Pelican Rapids Animal Hospital my permission to release any and all pet information to other veterinary clinics and boarding or grooming facilities, if needed. Please Initial here _____

Note: All patients receiving medical care/treatment are required to be up to date on Rabies and Distemper vaccinations.

Continue Over →

Pet(s) Information

Pets Name _____ Dog Cat Other _____

Date of Birth _____ Check if Approximate Date of Birth is Unknown

Breed _____ Mixed Color: _____ Male Female Fixed

History: Name of last Facility this animal has visited _____

Pets Name _____ Dog Cat Other _____

Date of Birth: _____ Check if Approximate Date of Birth is Unknown

Breed _____ Mixed Color _____ Male Female Fixed

History: Name of Last Facility this animal has visited _____

****Please Inform Us Of Additional Pets For Another Form****

Pelican Rapids Animal Hospital Payment Policy

I understand that I am responsible for any charges incurred while my pet is under the care of the doctors and/or staff of Pelican Rapids Animal Hospital, and that all charges are due and payable in full at the time services are rendered. This includes any charges/fees agreed by my authorized proxy.

Any outstanding balance carried for thirty (30) days or more is subject to a monthly finance charge of 1.75% (21% per annum), with a minimum monthly finance charge of at least \$5.00. All finance charges apply to returned checks as well.

If it becomes necessary to send my account to Pelican Rapids Animal Hospitals' collection agency, I understand that I will incur an additional collection fee of 35% for which I am liable in addition to the monthly finance charge and the original balance.

Please indicate, by your signature, that you understand the information outlined in this disclosure:

Owners Signature

Date

Owner Print

PRAH Witness/ID Check