



# CRITTER CARE ANIMAL HOSPITAL

YOUR PET MEANS THE WORLD TO US



Professional fees are due at the time services are rendered. Critter Care Animal Hospital proudly accepts Visa, MasterCard, American Express, Discover, or your personal checks with valid driver's license. We strongly recommend, that for your peace of mind, you obtain a *Care Credit* account as well as Pet Insurance. Our staff will be happy to explain these to you.

CLIENT INFORMATION			
Name:	Spouse's name:		
Mailing Address:			
Street	City	State	Zip
Home phone:		Spouse's Cell:	
Cellular:		Work number:	
Emergency:			
Employer:			
If you would like us to send reminders to you via e-mail, please write it below:			
How did you hear about Critter Care Animal Hospital? <input type="checkbox"/> Individual - Is there someone we may thank? <input type="checkbox"/> Saw our hospital <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other			

I, the undersigned, owner or authorized agent of patient, hereby authorize the veterinarian and the staff of Critter Care Animal Hospital to act as my agent to administer such treatment, including administering topical and oral medications, and additional procedures as are considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics that are necessary. I further understand that no guarantee of successful treatment is made, and that risks and probabilities of complications exist in any surgical or medical procedure. I understand any charges for services rendered, are due and payable in full at the time they are rendered, including charges incurred for unsuccessful treatment or complications. Any animal not picked up within the time required by the state statute NAC 638.051 of the Nevada State Board of Veterinary Medical Examiners shall be deemed abandoned by the owner and will be disposed of according to said statute. I understand this action will not, however, relieve me from paying all charges rendered, including any collection agency fees.

Owner/Agent Signature

Date