



Client Information Form

Circle City Veterinary Specialty & Emergency Hospital
 9650 Mayflower Park Drive, Carmel, IN 46032
 (317) 872-VETS (8387)
www.circlecityvets.com

Internal Use

Client # _____

Patient # _____

Referral Type _____

Enter by: _____

Client Information (Please print)			
Last Name, First Name			
Home Address			
City, State, Zip Code			
Email			
Home Phone			
Work Phone			
Cell Phone			
Co-Owner/Spouse			
How Did You Hear About Us?			
Patient Information			
Pet Name		Breed	Color
Sex: Male / Female	Neutered / Spayed Y / N	Age when altered _____	Age
DOB			
Family Veterinary Hospital			
Family Veterinarian			
Current Medications			
Known Allergies			

PLEASE READ BEFORE SIGNING:

I understand that I am responsible for all charges at the time services are rendered. The low end of an estimate must be left as a deposit prior to diagnostics and/or treatments being performed. Forms of payment accepted are MasterCard, Visa, Discover, Care Credit, personal check, or cash. All balances unpaid after 30 days will be charged 2.5% interest per month. I will be responsible for any collection or attorney fees regarding my unpaid balance and there is a \$50 charge on all returned checks. I understand I must present a driver's license or state picture identification when writing a check.

I understand my pet's medical records are considered confidential and give permission for them to be shared with the hospitals/veterinarians identified on this form and/or any noted in the record itself.

*I do ___ do not ___ give my permission to film my pet and understand photos or film footage may be used in promotional or instructional materials for Circle City Veterinary Specialty & Emergency Hospital.

*I would ___ would not ___ like to receive Circle City Veterinary Specialty & Emergency Hospital newsletters to my email address.

For scheduled specialty appointments please note the following:

- A copy of your pet's detailed records should be forwarded to our hospital prior to your scheduled appointment.
- Any appointment cancellation must be made 24 hours prior to the scheduled time or an office call will be charged to my account.

SIGNED

DATE