



**Central  
Animal  
HOSPITAL**

# Welcome!

We're very pleased that you have chosen Central Animal Hospital for your pet's care. Please complete the following information below so that we may ensure accurate record keeping and better serve you.

Pet Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

WOULD YOU LIKE A TOUR TODAY?  Yes  No

Do you have Pet Insurance?  Yes  No (If yes, which Insurance? \_\_\_\_\_)

Spouse/Companion's Name: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ APT #: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_ (we do not give out/sell email addresses)

### How did you **FIRST** learn about us? (Check ONE box that tells how you **FIRST** heard of us)

- Verizon Yellow Pages Listing
- Canine Rehab-related Web Link
- Apt. Welcome Packet
- Drove by 1st, Saw Sign/Building
- Internet Yellow Page Search
- Amer. Animal Hospital Assn. link
- TV ad
- Other ad (name) \_\_\_\_\_
- Internet Veterinary Search
- NE Neighborhood News Ad
- Returning Former Client
- Other \_\_\_\_\_
- Our Hospital Website
- Know Central Animal Hospital Employee (NAME: ) \_\_\_\_\_
- Referred by friend, relative or organization (NAME: ) \_\_\_\_\_ (Please tell us so we can thank them!)

### Tell us about your pet(s) ... (List DATE of Last Immunizations)

DOG(s) Name(s)	Breed	Color	Age	Sex	Spayed/ Neutered	Distemper (DA2P)	Parvo	Bordetella	Rabies
CAT(s) Name(s)	Breed	Color	Age	Sex	Spayed/ Neutered	Distemper (FVRCP)	Leukemia (FeLV)	Rabies	

### OTHER AVIAN/POCKET/EXOTIC PET (Bird-Iguana-Rabbit-Guinea Pig, etc.)

Name	Type/Breed	Color	Age	Gender	Spayed/ Neutered

### Is your pet experiencing problems with . . .

- vomiting  diarrhea  sneezing  coughing  ears  eyes  itching
- limping  seizures  urinary  heart  behavior  other \_\_\_\_\_

### Payment Information: (Please check type of payment and sign statement below)

- Cash  MasterCard  Visa  Discover  American Express  CitiHealth Card  Care Credit

I UNDERSTAND THAT ALL FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED. I HAVE READ AND SIGNED THE FINANCIAL POLICY ON THE REVERSE SIDE OF THIS PAGE.

Client Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

# Financial Policy

## Central Animal Hospital & Central Animal Hospital on Pinellas Point

4801 Fourth Street North  
St. Petersburg, FL 33703  
727.521.3518 ph 727.527.7988 fax

2555 Pinellas Point Drive South  
St. Petersburg, FL 33712  
727.906.9400 ph 727.906.9416 fax

**Purpose:** This is an agreement between Central Animal Hospital or Central Animal Hospital On Pinellas Point and the named person and responsible party on this form. We appreciate your choosing us for your pet health care needs, and we want to be sure you fully understand your financial obligations for the services we will be providing. By signing this agreement, you are agreeing to pay for all services rendered.

**Payment Options if you have no pet insurance:** Payment in full is due at time services are rendered.

1. You will be expected to pay by cash, VI/MC debit card or other major credit card on the day that treatment/services are rendered. We accept Master Card, Visa, American Express, and Discover. Payment by check is not accepted.
2. For extended rehabilitation, surgical or other anesthetic procedures, a minimum of **50% deposit** (cash or credit only) is due prior to the surgical or anesthetic procedure being performed. The balance is due at the time the patient is discharged.
3. For extensive treatment, you may prefer to secure third party financing (bank, credit union, etc.) for the entire amount and make payments to the lending institution.
4. We offer a special financing arrangement through Citi Health Card and Care Credit. Interest free financing for 3 or 6 months is available through CitiHealth if payment is made within the time period specified. For invoices above \$1,000.00, Care Credit financing is available.

**Payment Options if you have Pet Insurance:** We require payment in full due at the time services are rendered. We will provide you with an itemized statement to submit to your insurance company for reimbursement to you.

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge and billing fees, if any, and any payments or credits applied to your account during the month. If you have a credit balance, you have the right to retain the credit balance on your account for follow up visits or request reimbursement for the credit balance.

**Finance Charge:** A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The finance charge will be computed at the rate of one percent (1%) per month or an **ANNUAL FINANCE RATE** of twelve (12%) percent. The finance charge on your account is computed by applying the periodic rate (1%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time.

**Past due Accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collections costs which are 30% of the past due balance. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which incur plus all court costs. In case of suit, you agree the venue shall be in Pinellas County, Florida.

**Waiver of Confidentiality:** You understand if this account is submitted to an attorney or collections agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that your pet received treatment at our office may become a matter of public record.

Pet Owner's Name(s): \_\_\_\_\_ Pet Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Responsible Party (If not the Pet Owner): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signature (If Required): \_\_\_\_\_ Date: \_\_\_\_\_