Dover Area Animal Hospital

Daniel A. Pike D.V.M.
David W. Pike D.V.M.
Richard D. Greenwalt D.V.M.
Michael R. Burrell D.V.M.

Client Registration

At Dover Area Animal Hospital, our clients are friends as well as customers, and we value their continued trust and goodwill.

Client Information - *please print all*	
Client Name:	Spouse / Co-owner name:
Cell Phone: *Please Circle Primary Number*	Spouse / Co-owner cell:
Home Phone: Work Phone:	Spouse / Co-owner employer:
Mailing Address: Street	Spouse / Co-owner Occupation: *Employer Telephone*
City State Zip	E-mail: *Preferred contact: phone / mail / E-mail*
Employer: Occupation:	Emergency contact name & number:

How did you hear about us?

Is there someone we may thank? ____________________

Drive by the hospital Website Yellow Pages Ad Event ____________________

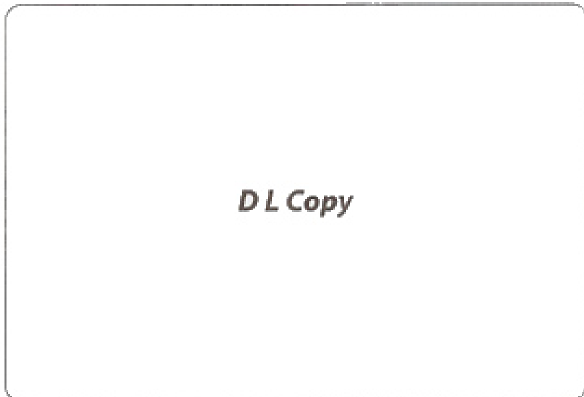
Previous Veterinarian (So that we may obtain your animal's records:)

______________ ______________ ______________

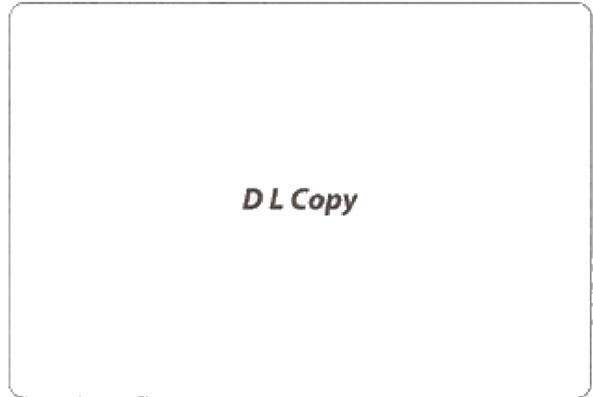
Hospital Name Veterinarian Name Telephone

Pet #1	*Pet #2*
Pet's Name:	Pet's Name:
Date of birth / age:	Date of birth / age:
Species: Dog Cat Avian Reptile Small Mammal other:__________	Species: Dog Cat Avian Reptile Small Mammal other:__________
Breed:	Breed:
Sex: Male (neutered? Yes No) Female (spayed? Yes No)	Sex: Male (neutered? Yes No) Female (spayed? Yes No)
Color/markings:	Color/markings:
Microchip #	Microchip #
Vaccinations given at (previous clinic name):	Vaccinations given at (previous clinic name):
Allergies/medical problems/reactions:	Allergies/medical problems/reactions:

OVER



Owner



Co-owner

Please understand our payment policy. ***Payment is due in full at the time of service, no exceptions.*** We gladly accept cash, MasterCard/Visa, AmEx, Discover, Debit and Care Credit as forms of payment. We will accept in state pre-printed checks with valid ID. Any check returned by the bank, for any reason, is subject to a $25.00 fee. A 50% deposit on estimated charges is required on all hospitalized cases. We do not offer any forms of billing or any payment plans. If payment cannot be made in full at the time of service, a $25 finance fee will be charged immediately. If payment cannot be made in full at the time of service, I agree to pay a $3.00 monthly billing fee and a monthly financing fee equal to 1.5% of the unpaid balance. If it becomes necessary for my account to be sent to collections, I understand that I will be responsible for a one time $25.00 collection fee in addition to all legal and/or court costs incurred with the collection of services rendered.

I, the undersigned owner or authorized agent of the admitted patient, hereby authorize Dover Area Animal Hospital to administer such treatment and additional procedures that are considered therapeutically and/or diagnostically 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 treatment. I understand that charges are made for services rendered and that payment for such charges are due at the time they are rendered or prior to discharge.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five (5) days after receiving oral or written notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed below. I agree that if I fail to comply with this policy, Dover Area Animal Hospital may handle this abandonment in the best interest of the animal and the hospital, and within the limits of applied laws of the Commonwealth of Pennsylvania.

I have read and understand the above.

Owner/Agent ______________________________ Date ____________

Client #: Entered by: ________

Dover Area Animal Hospital
5030 Carlisle Road • Dover, PA 17315 • 717-292-9669