



2400 Bethany Rd. Sycamore, IL 60178

Phone: 815-756-89

www.BethanyVet.com

THANK YOU FOR TRUSTING BETHANY ANIMAL HOSPITAL WITH THE CARE OF YOUR PET. IN ORDER TO OFFER THE VERY BEST IN MEDICAL CARE FOR YOUR PET, PLEASE MAKE SURE WE HAVE THE MOST COMPLETE INFORMATION FOR OUR RECORDS.

Please Confirm/Fill-In Information Below

NAME BREED COLOR M/F SPAY/NEUTER BIRTHDAY

Pet Info: _____

Has this pet ever shown aggression or bitten other pets or people? Yes No

If yes please explain: _____

_____ (initial) I grant Bethany Animal Hospital permission to post my pet's picture, story and/or medical condition on our social media page and website.

Owner Information (Must be completed)

Owner Name: _____ Current Address: _____

Phone: _____

Email: _____ RECEIVE REMINDERS

Birthday: _____ Driver's License #: _____

Employer: _____ Employer Phone #: _____

If you are a student, please give us your home address:

_____ Co-Owner: _____

_____ Co-Owner Phone #: _____

How did you hear about us?

If you were referred to us by a current client, please tell us who may we thank? _____

YellowPages Online _____ YellowPages Book _____ Frontier _____ Facebook _____ Website _____

Incentive/Flyer _____ Sign/Walk-in _____ Tails _____ Other (who/how) _____



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Bethany Animal Hospital is not a billing facility.

I understand all fees are due when service is rendered or upon release of my pet. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including attorney and agency fees and court costs incurred and permitted by laws governing these transactions. A finance charge of 1.5% per month (18% per year) will be charged to all unpaid balances. A \$3.00 billing fee will be charged on all accounts over 30 days. Once account is in default no further appointments or services will be provided until the full balance due has been paid.

Client Signature _____ Date _____

Co-Owner Signature _____ Date _____