

# Country Animal Hospital

24407 S.E. 440<sup>th</sup> Enumclaw, WA 98022  
Phone: 360-825-2061 Fax: 360-825-4692  
www.countryanimal.com

## Client Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ (If you ever plan on writing a check)

Home#( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_

Work#( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Cell# \_\_\_\_\_

Spouse's Work#  
( ) \_\_\_\_\_ Whom shall we ask for? \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone( ) \_\_\_\_\_

How did you hear about us? Yellow Pages \_\_\_\_\_ Sign \_\_\_\_\_ Website \_\_\_\_\_ Referral \_\_\_\_\_

If referral, whom may we thank? \_\_\_\_\_

## Payment Of Fees

All fees are due upon conclusion of visit or release of patient. We require a deposit of fees in cases involving extensive treatment, critical care, and hospitalization. It is our policy to provide you with a written estimate when in hospital treatment, emergency care, surgery or hospitalization is required. While we make every effort to estimate the charges involved in treatment, we do so with the understanding that the extent of treatment can't always be predicted with 100% accuracy.

### Please Indicate Your Choice Of Payment Method(s)

VISA/MC/DEBIT \_\_\_\_\_ DISCOVER \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_

- If the account is placed in collection, client will pay all associated fees.
- Client will pay \$45.00 for each NSF check and all associated costs.

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