

CLIENT INFORMATION

# **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional name on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## PET INFORMATION

### **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_**

### **BIRTHDATE: \_\_\_\_/\_\_\_\_ AGE:\_\_\_\_\_\_ NEUTERED: \_\_\_\_ SPAYED: \_\_\_\_**

### **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_**

### **BIRTHDATE: \_\_\_\_/\_\_\_\_ AGE:\_\_\_\_\_\_ NEUTERED: \_\_\_\_ SPAYED: \_\_\_\_**

### **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_**

### **BIRTHDATE: \_\_\_\_/\_\_\_\_ AGE:\_\_\_\_\_\_ NEUTERED: \_\_\_\_ SPAYED: \_\_\_\_**

**Fidalgo Animal Medical Center**  
3303 Commercial Ave. Anacortes, Wa 98221

Phone: 360-293-2186 Fax: 360-293-2187

**Financial Policy**

Thank you for choosing Fidalgo Animal Medical Center. Our Primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Fidalgo Animal Medical Center requires payment in full at the end of your pet’s examination and/or at the time of discharge.

**Payment Options:**

You can choose from:

-Cash, Check, Visa, MasterCard or Discover Card  
 -Apply for Care Credit for Convenient Monthly Payment Plans  
 \*Allow you to begin treatment today and pay over time  
 \*Available for any treatment amount  
 \*Can be used repeatedly - for your entire family - without having to reapply1

**Deposit & Billing:**

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care or more, will require a deposit to begin your pet’s treatment. We may offer in-house payment options on a case-by-case basis. We charge a minimum of $5.00 interest on all outstanding account balances older than 30 days. If you have an account balance 120 days past due, Fidalgo Animal Medical Center may relinquish your balance owed to a collection agency.

**Additional Policy Information:**

Fidalgo Animal Medical Center charges $40.00 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment.

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Client/Pet Owner Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Client/Pet Owner Name (Please Print) Date

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Pet Name Date

1Subject to credit approval