

Sachse and Murphy Veterinary Hospitals

New Client Information

Owner Name: _____ Spouse/Other: _____

Home Address: _____

Primary Phone: _____ Email: _____

How were you referred to us? *Please circle one below*

- Drive by
- Online
- Website
- Facebook
- Client: _____
- Other: _____

Appointment Reminders: How would you like to be contacted for reminders about upcoming appointments? phone email text cell # _____

How much information do you want regarding your pet's health?

Full explanation I want a brief explanation- just important stuff Keep it simple

Photo Policy: From time to time we will take photos of pet's for various reasons. We use them in advertising, marketing and on Facebook. Please indicate whether or not we have permission to photograph your pet for promotional and/or educational purposes.

- Yes, you may photograph my pet
 No, you may no photograph my pet

Financial Policy: It is the financial policy of Sachse and Murphy Veterinary Hospitals, that full payment is required at the time services are rendered. We accept cash, checks, Visa, Mastercard, Discover, American Express and Care Credit. We DO NOT extend credit to clients. Should you fail to pay in full for *all* agreed upon services, we will pursue criminal charges. You have the right to request an estimate for any and all services, keeping in mind that estimate as just that and the total due may vary by as much as 20%.

As a legal owner or responsible agent for the following pet(s)

_____, I certify that I have read and agree to the above financial policy. I hereby assume financial responsibility for all services rendered.

Signature of Owner/Agent

Date