

Swift Creek Animal Hospital  
2331 Colony Crossing Place  
Midlothian, VA 23112  
(804) 744-7222



2018

New or Revised (Circle)

Date of Completion: \_\_/\_\_/\_\_

<b>Owner Last Name:</b>	<b>Owner First Name:</b>	
<b>Co-Owner Last Name:</b>	<b>Co-Owner First Name:</b>	
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Work/Other:</b>	<b>Employer:</b>	
<b>Email:</b>	<b>Referred By:</b>	

Other Person(s) authorized to bring my pet in for treatment:

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I. Treatment Authorization and Payment Terms:

I AGREE that I or my agent will make payment in full at any time product or service is provided for my pet or any animal brought into the hospital by me or my agent. I understand that NO billing or payment plan options will be offered by Swift Creek Animal Hospital. I understand there is a service charge (of 1.75% or \$5.00, whichever is greater) that may occur and accrue each thirty (30) day period that an outstanding balance stands on my account. If a balance is not paid in full, I agree to pay all collection and court costs, including attorney fees. I certify that I am 18 years of age or older and the information given above to be accurate. Swift Creek Animal Hospital has medical staff on site during the stated hours listed. Continuous medical care will not be provided on site during any time not listed above. I have read and understand the medical staff hours listed.

II. Photos:

Swift Creek Animal Hospital has permission to use any photos taken of you and/or your dog/cat during your visit for training and/or advertising purposes. Name of owner will not be printed or released; however, you give us permission to use your pet's name.

By signing below, I acknowledge and accept the terms and conditions stated in sections I, II and III (outlined above).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_