

Welcome to Lavergne Veterinary Clinic!

Owner Information:

Your name: _____ Spouse/Other: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

What number is the best number to contact you: _____

Email Address: _____

Patient Information (continue on back if needed)

Pet's Name	Species	Sex	Spayed/Neutered	Breed	DOB or Age	Color

Financial Policy of Lavergne Veterinary Clinic

Our clinic receives no support from charitable organizations or the government, therefore prompt payment is required in order to maintain a well-equipped and well-stocked facility to ensure the medical care your pet deserves. Since prompt payment is required for us to provide our high-quality care, the following policies are mandatory:

- 1. All services must be paid at the time of service. We accept cash, credit/debit card, or Care Credit®.**
- 2. A minimum of 50% of estimated charges is required in the form of a deposit for all emergency visits/procedures, hospitalizations, diagnostic procedures, and/or major surgical procedures at or before the time of hospital admittance.**

Informed Consent

I hereby authorize Lavergne Veterinary Clinic veterinarian(s) to examine, prescribe for and treat the above-described pet(s). I assume responsibility for all charges incurred for the care of this animal. I understand that these charges will be paid at/before the time of discharge.

Owner Signature: _____ **Date:** _____