

Animal Care Center of Topeka

Leon J Conner, III, DVM & Naomi Lavelle, DVM
2061 SE California Ave.
Topeka, KS 66607

Client # _____

CLIENT INFORMATION

Owners Name _____ DOB _____

Address _____ Zip _____ SSN # _____ KDL _____

Spouse _____ Home Phone _____ E-mail _____

Employer _____ Work Phone _____

Spouse's Employer _____ Work Phone _____

Person & number to call in case we cannot reach you for Emergency _____

How did you find out about us? _____ Referred by _____

PET INFORMATION

Name _____ Dog Cat Bird Ferret Pocket Pet Reptile

Birthdate _____ Male Female Altered?

Breed _____ Color/Markings _____

Has your pet been vaccinated within the past 12 months? _____ By Whom? _____

Preferred Method of Payment: Cash Check Visa/MC Care Credit

Payment is Expected in Full when services are rendered.

We DO NOT have charge accounts. We DO NOT bill. I agree to accept ALL financial responsibility for whatever is done to my pet while under the care of HPAC/ACCOT.

Clinic Policy: All pets admitted for hospitalization or surgery **must** have current immunizations. If not, they will be given and the client charged accordingly. Emergency fees paid upon admission. All checks are subject to bank verification.

You are responsible for fees incurred in caring for your pet. A deposit may be required. There will be a \$30.00 fee assessed to ALL bounced checks, in addition to what the check collection agency requires. A monthly interest rate of 1.8% will be assessed to all unpaid balances. If a statement is mailed, a \$1.00 billing charge will be added to the balance due. Please feel free to discuss any part of your bill with us.

Client Release Statement: I understand the treatment of my pet may include the use of potent medications including anesthetic, and that no guarantee can be made for the survival or recovery of any animal. I hereby give permission for any emergency treatment deemed necessary to save my pet's life. I have read and understand the statement presented and agree to its contents.

Signature: _____ Date: _____