



# NEW PATIENT APPLICATION

*Welcome to our Family!*

## CLIENT INFORMATION

Owner Name: \_\_\_\_\_ (Mr, Mrs, Ms) TX DL#: \_\_\_\_\_

Spouse/Sig. Other: \_\_\_\_\_ Spouse Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_



## PATIENT INFORMATION

Dog  Cat  Other Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_ Yrs \_\_\_\_ Mths **or** DOB: \_\_\_\_\_

Male  Neutered Male  Female  Spayed Female

Microchip #: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

## PATIENT INFORMATION

Dog  Cat  Other Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_ Yrs \_\_\_\_ Mths **or** DOB: \_\_\_\_\_

Male  Neutered Male  Female  Spayed Female

Microchip #: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

**Previous Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Please Sign:** *I understand that payment is expected at time of service & I agree to pay for all services at the time they are rendered.* \_\_\_\_\_

# County Line Veterinary Clinic

1928 S. Seguin Ave Ste 108 | New Braunfels, TX 78130 | Phone 830-626-2582 | Fax 830-626-2580

## Financial Policy

Thank you for choosing County Line Veterinary Clinic. 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. County Line Veterinary Clinic 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<sup>®</sup>, MasterCard<sup>®</sup> or Discover Card<sup>®</sup>
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit<sup>®</sup>
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of \$100 or more, will require a \$100 deposit to begin your pet's treatment.

### Additional Policy Information:

County Line Veterinary Clinic charges \$25 for returned checks. A fee of \$25 may be charged for clients who miss or cancel more than 1 appointment in a calendar year without 24 hours notice. 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:

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Pet Name

\_\_\_\_\_  
Breed

<sup>1</sup>Subject to credit approval

