

Indian Prairie Animal Hospital

Dr. Samuel M. Ristich

And Associates

To better serve you and your animal companion please fill out the following:

Client Name: (Mr. Mrs. Ms.) _____ Spouse's Name _____

Address: _____

City: _____ County: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Place of Employment: _____

Driver's License No. (check writing) _____ Exp Date: _____

Referral Information:

How did you become aware of our hospital: Drove by Yellow Pages Previous Client
 Website Neighborhood Newsletter
 Other Veterinarian _____

If another client referred you - whom may we thank? _____

Important Animal Companion Info.

Any previous serious illnesses or surgeries?

Any known allergies to vaccinations or medications?

Is your animal companion currently on any medications or prescription diet?

Is your animal companion up-to-date on all vaccinations? _____

"No Show" Policy

Failure to give 24 hour notice of rescheduling or cancellation of an appointment, or no-showing for an appointment can result in a charge of \$55 (office visit fee) on the patient's account.

Prescription Policy

We require 24 hours notice for prescription refills.

Payment Policies

Full payment is due at the completion of services. Indian Prairie does not do any form of billing. Accepted forms of payment are cash, check (with valid drivers license), Visa, MasterCard, Discover and Care Credit. Debit cards carrying the Visa/MasterCard Logo are gladly accepted. No Additional Services may be charged to any accounts with outstanding balances past 30 days due. Instead, all fees for such services or products must be paid at the time of service. Any delinquent accounts deemed uncollectible may be sent to a collection agency or attorney for recovery of the balance owed plus reasonable collection and/or court costs, attorney's fees, interest and/or billing fees. If a check is returned to our office for non-sufficient funds or if your credit card company has issued a charge back to your card, a \$25 fee will be added to your account.

There is a *file copy charge* when transferring records from Indian Prairie Animal Hospital to another Veterinarian. The base charge is \$10.00. This charge may be adjusted due to size of the record or forwarding mechanism required.

I have read and understand Indian Prairie's payment policy for services provided.

Signature: _____

Date: _____