

Client Acct#

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

# Indian Prairie Animal Hospital

Dr. Samuel M. Ristich

And Associates

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work 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   
Yelp  Facebook  Google  Website  Newsletter

**If another client referred you - whom may we thank?** \_\_\_\_\_

**Other Veterinarian or Business Referral?** \_\_\_\_\_

### 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 \$84 (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 and not accepted for first time clients), 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 \$36 fee will be added to your account.

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient name** \_\_\_\_\_