**Mill Creek Veterinary Hospital Inc.**

**8202 Hwy 99 E Los Molinos, Ca 96055**

**530-384-1700**

**Client Information Sheet**

Date: Client# (office use only)

Owner : First Middle Initial: Last:

DOB: M/F Social Security # Drivers License# State

Spouse Middle Initial: Last:

DOB: M/F Social Security# Drivers License# State

Married Y/N Mailing Address:

Street Address :( where you live)

City/State/Zip:

Do you own your home? Y/N Email Address:

Home Phone: Cell Phone: Work Phone/ER:

Employer (You) Employer (Spouse)

In Case of Emergency who should we contact if you are not available?

Nearest Relative (Name) Phone:

How will you be paying Cash / Check / Credit Card Referred by: **Please read the following carefully:** As owner, or duly authorized agent of the owner, I hereby consent and authorize Mark Winning, D.V.M., to care for, and treat, and or anesthetize or euthanize as you deem advisable in the performance of surgical or therapeutic procedures you determine, to be indicated on any animal presented by the above owner or authorized agent. I understand that all charges are made for the services rendered and that payment for such charges are due at the time services rendered, or prior to discharge of the animal from the hospital. I understand that Veterinary care during night-time hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I understand I can pick up my pet(s) anytime between 8am-5pm and there will be no pick-ups or drop-offs on weekends or holidays. The appropriate hospitalization/boarding charges (min of $25/day) will be applied daily until the animal is picked up. If the animal is not picked up within 14 days from when it is ready to be released, abandonment charges will be filed with the authorities. Abandonment does not release me from my obligation to pay for the bill. I understand that in the event I have not paid my bill within 30 days of the date of incurrence, that I will be charged interest at the rate of 1.5% of the unpaid balance, and each month thereafter on the unpaid balance, plus unpaid interest. Failure to pay account upon demand shall result in court action. In this event, I shall be liable for unpaid balance(s), interest accrued until court decision, all collection charges, including attorney’s fees and court costs that may incurred as a result of recovery.

**I have read, I understand and agree to the above terms and conditions as evidenced by my signature below.**

**Signature of Legal Owner Date:**

**Signature of Authorized Agent Date:**

**Agent address: Phone:**

**PROFESSIONAL FEES ARE TO BE PAID AT TIME OF SERVICE**