

Thank you for giving **Southern Veterinary Center** the opportunity to care for your pet! So that we may become better acquainted, please complete the following:

Owners Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone# \_\_\_\_\_  
Spouse's Employment \_\_\_\_\_ Phone# \_\_\_\_\_  
How did you hear of our office? \_\_\_\_\_

### Pet Information

Pets Name \_\_\_\_\_ Dog or \_\_\_\_\_ Cat (check one)  
Breed \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Neutered \_\_\_\_\_  
Female \_\_\_\_\_ Spayed \_\_\_\_\_  
Date of Birth or estimated age \_\_\_\_\_  
Color \_\_\_\_\_  
Date of last vaccination \_\_\_\_\_ Where? \_\_\_\_\_  
Currently on medication? Yes No \_\_\_\_\_  
Any prior illness or surgery? \_\_\_\_\_

### **ALL FEES ARE DUE AND PAYABLE UPON RELEASE OF PATIENT!!**

PLEASE INDICATE YOUR CHOICE OF PAYMENT: CARE CREDIT  
CASH CHECK VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Drivers License# \_\_\_\_\_ / State \_\_\_\_\_

I/We understand and agree that any services rendered or any credit granted shall be paid promptly in accordance with terms and agreements, that the credit grantor may add one and one half percent (1 ½%) per month to any balance owed, and in event of default, to pay reasonable collection charges and/or attorney fees.

**SOUTHERN VETERINARY CENTER, LLC**  
**111 Mayfield Drive/Smyrna, TN 37167**  
**615-459-0073**

**FINANCIAL POLICY**

Thank you for choosing Southern Veterinary Center! Our primary mission is to provide the best and most compassionate comprehensive veterinary care available for your pet. An important part of this mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. **Southern Veterinary Center 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, MasterCard, American Express, or Discover Card
  
- Care Credit convenient monthly payment plans
  - Allow you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly- for your entire family- without having to reapply
  - This is all subject to credit approval

**Deposit & Billing:**

For some treatments or hospitalized care, a deposit may be required. Healthcare plans or estimates requiring comprehensive care of more than \$300 will require a 50% deposit to begin your pet's treatment. Southern Veterinary Center does not provide billing except in extreme emergencies for long-term clients. The office manager and/or the practice owner must approve these circumstances.

**Additional Policy Information:**

Southern Veterinary Center charges a \$30 returned check fee. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

Thanks for your understanding and acceptance of these policies. If you have any further questions, please do not hesitate to ask.

**By signing below, you agree to the foregoing terms of payment:**

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Client/Owner Signature

Date

Pet Name