Sheep Draw Veterinary Hospital 6297 W. 10th St. | Greeley, CO 80634 | Phone 970-351-0936 | sheepdraw@sheepdraw.com



Date:		
OWNER INFORMATION (Mus First Name:	et be at least 18 Years old.)	e:
Address:		
City, State, Zip:		
Home Phone:	Work Phone:	Cell:
Your Date of Birth://_		
How did you hear about us? Please	e circle:	
Location Humane Society/F	Rescue Pet Store Ph	honebook Other:
Friend:	(Please let us know who.	We'd like to thank them)
Email Address:		
Social Security #:	Driver's License #:	DOB:
Employer:		
CO-OWNER INFORMATION		
First Name:	Last Name	e:Cell:
		Cell:
Email Address:		
		State:
Employer:		
Co-Owner's Date of Birth:/	/	
PET DESCRIPTION		
Name:	Sex:	Spayed or Neutered?
Date of Birth (approximate age if r	not known):	
Date of last vaccines (if known): _		
Health concerns/Known Allergies:		
Name:	Sex:	Spayed or Neutered?
Date of Birth (approximate age if r	not known):	
Breed:	Color(s):	
Date of last vaccines (if known): _		

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE PROVIDED Sheep Draw Veterinary Hospital

Financial Policy

Thank you for choosing Sheep Draw Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Sheep Draw Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

We accept:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - 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 reapply¹

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care will require a deposit to begin your pet's treatment.

Additional Policy Information:

Sheep Draw Veterinary Hospital charges \$20 for returned checks. A service charge from the date of service at the rate of one and one half percent (1½%) per month (Minimum of \$4), which is an annual percentage rate of eighteen percent (18%) applied to all unpaid balances. A fee of \$43.00 is charged for clients who miss or cancel more than 5 appointments 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.

You agree, by providing us with your landline or cell phone number(s), you give express authorization to be contacted at those numbers, as well as authorize such contact by our agents and assigns. This express authorization also applies to any landline or cell phone number(s) you may acquire in the future. We may also contact you by sending text messages or emails, using any e-mail address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. Providing your phone number(s) is not a condition of receiving our services.

By signing below, you agree to the foregoing terms of payment:				
Client/Owner Signature	Date			
Client/Owner Name (Please Print)				
¹Subject to credit approval				