



## Check-In: LARGE ANIMAL

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

### Client Information

Account holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Spouse/Other: \_\_\_\_\_  
Spouse work phone: \_\_\_\_\_  
Spouse cell phone: \_\_\_\_\_  
Spouse email: \_\_\_\_\_  
Spouse employer: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
Emergency phone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_

### Directions

### Patient Information

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Allergy: \_\_\_\_\_

### Authorization

Current Balance: \$ \_\_\_\_\_

- I certify that the above information is current and correct.  
 I understand that I am financially responsible for **all** charges.  
 I intend to pay today via:  Cash  Check  Credit Card  Debit Card  Money Order  Care Credit  
 I understand that a 1.5% billing fee (minimum of \$3.00) is assessed to all overdue accounts after 30 days.

Signature: \_\_\_\_\_  Account holder  Spouse/Other  Child