



Date: ____/____/____

Client Name: (Last) _____ (First) _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License State: _____ Driver's License #: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please mark your primary number with a star

Occupation: _____ Employer: _____

Spouse's Name: _____ Spouse's Occupation: _____

Spouse's Employer: _____ Spouse's Work #: _____

How did you hear about Animal Care Center of Salem? (If referred by a friend, relative or organization, please enter name so we may thank them.)

In order to focus on our patients' needs, customer service and minimizing costs, we do not bill. Payment is required at the time services are rendered.

An estimate for the cost of services prior to treatment is always available upon request.

We accept: debit, credit cards (Visa, Master Card, Discover, American Express) checks, CareCredit and cash

I hereby authorize Animal Care Center of Salem Veterinarians to examine, prescribe for, and/or treat my pet(s). I fully understand Animal Care Center of Salem's Financial Policy and assume responsibility for any charges incurred in the care of my pet(s).

Signature: _____ Date: ____/____/____

Print: _____