



NEW PATIENT APPLICATION

Welcome to our Family!

CLIENT INFORMATION

Owner Name: _____ (Mr, Mrs, Ms) TX DL#: _____

Spouse/Sig. Other: _____ Spouse Phone #: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Employer: _____ How did you hear about us? _____



PATIENT INFORMATION

Dog Cat Other Name: _____

Breed: _____ Color: _____ Age: ____ Yrs ____ Mths **or** DOB: _____

Male Neutered Male Female Spayed Female

Microchip #: _____ Allergies: _____

Medications Currently Taking: _____

PATIENT INFORMATION

Dog Cat Other Name: _____

Breed: _____ Color: _____ Age: ____ Yrs ____ Mths **or** DOB: _____

Male Neutered Male Female Spayed Female

Microchip #: _____ Allergies: _____

Medications Currently Taking: _____

Previous Veterinarian: _____ **Phone:** _____

City: _____ **State:** _____

Please Sign: *I understand that payment is expected at time of service & I agree to pay for all services at the time they are rendered.* _____



County Line Veterinary Clinic

1928 S. Seguin Ave Ste 108 | New Braunfels, TX 78130 | Phone 830-626-2582 | Fax 830-626-2580

Financial Policy

Thank you for choosing County Line Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. County Line Veterinary Clinic 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[®] 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

Services being performed as a drop off will require a deposit to be determined by the estimated services. Deposits will be a minimum of \$100. Patients requiring surgery, treatment, and/or hospitalization will require an additional deposit a minimum of ½ the estimated services.

Additional Policy Information:

County Line Veterinary Clinic charges \$25 for returned checks. A fee of \$25 may be charged for clients who miss or cancel more than 1 appointment 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.

_____ **Please initial if you grant County Line Veterinary Clinic permission to post your pet's (s') picture and story on social media.**

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

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

¹Subject to credit approval