



VETERINARY SPECIALTY CENTER OF DELAWARE

290 Churchmans Road - New Castle, Delaware 19720

(please print legibly and circle where appropriate)

Client Information

OWNER NAME

Mr. Mrs. Ms. Dr.

SPOUSE/PARTNER/OTHER RESPONSIBLE PARTY

Mr. Mrs. Ms. Dr.

Last Name First Name

Last Name First Name

ADDRESS

Number Street City State Zip Apt. #

HOME PHONE () - WORK PHONE () -

CELL PHONE () - ALT. PHONE () -

E-MAIL ADDRESS @

EMPLOYER'S NAME, ADDRESS & PHONE

Pet / Patient Information

PET NAME

SPECIES

Cat Dog

BREED

AGE/D-O-B

GENDER

Male Female

SPAYED/NEUTERED?

Yes No

COLOR

VACCINATION RECORD (please note the most recent date)

Rabies _____ Distemper _____ Lyme _____ Parvo _____ Felv/FIP _____

Primary Veterinarian & Referral Information

HOSPITAL NAME

DOCTOR'S NAME

ADDRESS

Number Street City State Zip

PHONE () -

FAX () -

HOW DID YOU HEAR ABOUT VSCD? (please circle all that apply)

- Primary Veterinarian - verbal
- Primary Veterinarian - answering machine
- VSCD Web site
- Other Web site
- Facebook Page
- White/Yellow Page Book
- Event
- Friend/Other Client
- Other

Thank you for entrusting us with your pet's care.

PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE.

WE ACCEPT CASH, CHECK, MASTERCARD, VISA, DISCOVER OR CARE CREDIT.



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Hospital & Payment Policy

Please read the following information and sign below where indicated.

Our hospital policy is that payment is due at the time of service. Payment can be in the form of cash, check or credit/debit card. We can also help you to apply for Care Credit financing and information is available at our front desk. There is no hospital-administered financing program. If you have pet insurance, payment to VSCD is still due at the time of service. Please contact your insurance company regarding reimbursement.

Upon your pet's admission to our hospital, you will be provided with a written **estimate** of costs for your pet's hospitalization, testing, surgery or other procedures, noting a low and high end for proposed treatment. Depending on the nature of your pet's specific medical treatment while under our care, actual costs sometimes vary. On admission, payment of a deposit of 75% of the low-end of the estimate is required.

During your pet's stay with us, we will attempt to inform you as soon as possible if the cost will exceed the high end of projected costs by 25%.

Upon your pet's discharge, you will be provided with a formal **invoice** noting all expenses incurred during your pet's stay with us. The balance for your pet's care is to be paid at this time – we cannot make exception to this policy.

Please feel free to contact us anytime with questions.

I have read, understand and consent to the above hospital and payment policy:

Signature

Date