



Charles Whitford, DVM Whitney Whitford, DVM Pamela Mettley, DVM

About the Owner: *Please Print*

Client # (Office use only):

Circle One: Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Rev

Client Name: _____

Other Authorized Person(s): _____

Mailing Address: _____

Street City State Zip

Physical Address: _____

Street City State Zip

Email Address: _____

Best Phone # to reach you: (Cell) _____ or/and (Home) _____

Secondary Phone Number: _____ Name: _____

Emergency contact name & Cell phone number: _____

Preferred method of contact (circle one): Phone Call Text Email Other: _____

How did you hear about us? (Facebook, Website, Friend: List name, Other): _____

About the Pet: *Please Print*

Pet Name: _____ Circle: Dog, Cat, Other _____

Breed: _____ Color: _____ Birth Date/Age: _____

Sex (circle all that apply): Male / Neutered Female / Spayed Is your pet microchipped? Yes / No

Are your pet's vaccines current? Yes / No If so, where were they done? _____

Did you bring your pet's records or have them faxed? Yes / No May we call for records? Yes / No

If so, where? _____

May we use your Pet(s) picture on our social media? Yes No (If yes, signature required)

Signature: _____

Additional Information on the back.

About the Pet: *Please Print*

Pet Name: _____ Circle: Dog, Cat, Other _____

Breed: _____ Color: _____ Birth Date/Age: _____

Sex: Male/Neutered Female/Spayed Is your pet microchipped? Yes / No

Are your pet's vaccines current? Yes / No If so, where were they done? _____

Did you bring your pets records or have them faxed? Yes / No May we call for records? Yes / No

If so, where? _____

Financial Policy

Thank you for choosing the Animal Medical Center of Lehigh Acres. 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. The Animal Medical Center of Lehigh Acres 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, or _____
- Convenient Monthly Payment Plans* from CareCredit

CareCredit[®]
Patient Payment Plans

- Allow you to begin treatment today and pay over time
- Available for any treatment amount
- Can be used repeatedly - without having to reapply*

For some treatments or hospitalized care, a deposit is required. Healthcare plan requiring comprehensive care of more than \$500 or more, will require a 25-50% deposit to begin your pet's treatment.

Additional Policy Information:

The Animal Medical Center of Lehigh Acres charges \$25 for returned checks. 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.

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

Signature (required): _____