



Charles Whitford, DVM Whitney Whitford, DVM

**About the Owner: *Please Print***

**Client # (Office use only):**

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

Client Name: \_\_\_\_\_

**Best Phone # to reach you:** (Cell) \_\_\_\_\_ or/and (Home) \_\_\_\_\_

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

Other Authorized Person(s): \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

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 pets 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 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 our 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.

For new clients when scheduling your appointment, a deposit of \$30 per pet is required which will be applied towards your invoice as a credit. Failure to cancel within 24 hours prior to your appointment or if you are a no show your deposit will be non-refundable.

**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):** \_\_\_\_\_