



The Standard of
Veterinary Excellence

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: _____

*****Must Be 18 years or older*****

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, Google, 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 emailed? 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.

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 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 the exam fee per pet is required which will be applied towards your invoice as a credit. Failure to cancel your appointment at least 24 hours in advance, Failure to attend (No-Show), or arriving more than 10 minutes late will result in forfeiture of your deposit.

For all clients, when scheduling surgery, a deposit of \$350 is required which will be applied towards your invoice as a credit. Clients bringing in two or more pets at a time will need to leave a deposit to schedule which is equivalent to the exam fees. Failure to cancel your appointment at least 24 hours in advance, Failure to attend (No-Show), or arriving more than 10 minutes late will result in forfeiture of your deposit.

Payment Options:

You can choose from:



- Cash, Check, or
- Convenient Monthly Payment Plans* from Care Credit

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 medical care, a deposit of 25-50% is required to begin your pet's treatment.

The Animal Medical Center of Lehigh Acres charges \$50 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.

We understand that situations arise where appointments cannot be kept. However, failing to show up for appointments can inconvenience other clients that could have been seen. There will be a **nonrefundable Exam Fee Deposit required if you have 2 or more No Shows, when calling to schedule an appointment.**

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): _____