

Kearny Mesa Veterinary Center

7677 Ronson Road • San Diego, CA 92111 • (858) 279-3000

Thank you for choosing our hospital to care for your pets! We look forward to serving you and your pets, and we would appreciate the following information:

Name: <first-name> <last-name> Case#: <number>
Street: <address>, <address2>
City: <city> <st> <zip>
Phone: <area> <phone>
Email: <e-mail>

Client Information

First Name: _____ Last Name: _____

Spouse/Co-Owner: _____

Address: _____ Zip: _____ Home Phone: (____) _____

City: _____ State: _____ Work Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

Driver's License # with expiration date: _____

Who may we thank for your referral to our clinic: Yellow Pages Hospital Sign Friend: _____
 Brochure/Mailing Other: _____

Payment Is Expected At The Time Of Service

If your pet needs to be hospitalized, a deposit may be required. All fees must be paid in full when your pet leaves the hospital. In the event that an account must be referred to an outside agency for collection of an unpaid balance, you agree to pay all fees associated with the collection of this debt, including collection fees and court costs. There is a \$20 fee on all returned checks.

For those clients having established billing accounts, there is a minimum \$5.00 a month billing fee. Balances over 30 days will be billed the minimum fee or 1.5% (18% APR) per month whichever is greater.

I assume full financial responsibility for all charges regardless of the outcome of the patient's treatment. A payment of the lower end of the ESTIMATE will be required when your pet is admitted for hospitalization and/or surgery. The remainder of the balance is due upon Discharge of your pet. For Outpatient treatment payment is due in full at the time services are rendered.

Signature of Owner /Agent: _____ Date: _____

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