



We Welcome you to
LaPorte Animal Clinic

Dr. Andrew Dean & Dr. Marta Dean

OWNER INFORMATION

Name _____ Spouse _____

Mailing Address **AND** Street Address _____

City _____ Zip Code _____

Home phone number _____ Work number _____ Pager/
Cell Phone _____

Email address _____

Place of employment _____

Children-if still at home (names and
ages) _____

Driver License Number (State)(If writing check) _____

Preferred method of payment ()cash ()check ()credit card ()Care Credit
Do you have pet insurance? ()No ()Yes Company? _____

Are you eligible for senior discount? (over age 65) yes ___ no ___

How did you hear about us? Please help us to know the most effective way to reach out to new clients. If a friend who is a client referred you, they will receive a coupon for 10% off services at their next visit.

- () Phone book, which one? _____
() Newspaper, which paper? _____
() Friend (specify) _____
() Pet store (specify) _____
() Saw sign
() Internet, what search words if you remember? _____
() Other (specify) _____

The following statements must be signed in acknowledgment of hospital policies.

- Full payment is expected at the time of service unless prior written arrangements with the doctor have been made.
- Any returned checks are subject to a service charge of \$35 and any additional processing fees.
- There is a \$5.00 per month billing charge and 1.5% accrued finance charge for any unpaid balances over 30 days. Any accounts overdue by more than 60 days will be DOUBLED and turned over to a collection agency or pursued legally. Any costs involved with collection of an overdue account, together with attorney's fees, will be added to the overdue balance.

_____ (signature) _____ (date)

FOR OFFICE USE ONLY

Welcome card Referral card Mailing and street address on form How did they find us? Email