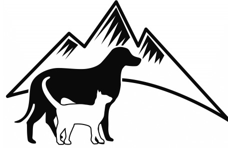
Sisters Veterinary Clinic LLC



Carl E. Berg DVM

Thank you for giving Sisters Veterinary Clinic an opportunity to care for your beloved pet. So that we may become better acquainted please complete the following:

Name____Cell.#________________

Spouse/Friend_______________________________________Cell.#________________

Physical Address_______________________Mailing Address ___________________

City___________________________________State____________Zip______________

Home Phone#________________________other#_____________other#_____________

Employer_____________________________________Work#____________________

Email Address ________________________________Fax #_____________________

How did you choose our clinic? Internet ___Yellow Pages ___Personal recommendation ___Newspaper

Whom may we thank for referring you to us?__________________________________

We accept cash, check, VISA, MasterCard, CareCredit, and as a courtesy we will gladly bill pet insurance for you.

IT IS OUR POLICY TO PROVIDE YOU WITH AN ESTIMATE OF CHARGES FOR ANY CASES WHERE IN-HOSPITAL TREATMENT, SURGERY, OR HOSITALIZATION WILL BE PROVIDED. A DEPOSIT PRIOR TO TREATMENT WILL BE REQUIRED DEPENDING ON THE AMOUNT OF ESTIMATE. THE BALANCE AFTER DEPOSIT AND ALL OTHER SERVICES ARE DUE AND PAYABLE ON PET'S RELEASE.

Our credit and collections policy is a necessary albeit uncomfortable part of assuring the financial resources needed to maintain quality medical services to our patients. In order to establish optimal relations with our clients and avoid misunderstanding and confusion regarding our payment policies, our staff is trained to consistently inform you of the financial policies of this office. We request payment at the time of service.

I verify to be the owner or agent of this pet and I grant permission to Sisters Veterinary Clinic to vaccinate, treat, perform any recommended/requested, or emergency medical care to my pet. I agree to pay for services rendered when my pet is discharged to me. Any past due amounts will be subject to interest at the rate of 2% per month.

Signature____Date______________________