

Welcome to

Magley Clemson Animal Hospital



Client Information

Client Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home/Mobile #: _____ Work #: _____

E-mail: _____ Spouse/Other's #: _____

How did you learn of our practice? _____

If referred, by whom? _____

Pet Health History

1. Pet Name: _____ Canine: _____ Feline: _____ Other: _____

Male: _____ Female: _____ Spayed/Neutered: _____ Date of Birth: _____ Breed: _____

When and where were your pets last vaccines given (if any)? _____

2. Pet Name: _____ Canine: _____ Feline: _____ Other: _____

Male: _____ Female: _____ Spayed/Neutered: _____ Date of Birth: _____ Breed: _____

When and where were your pets last vaccines given (if any)? _____

3. Pet Name: _____ Canine: _____ Feline: _____ Other: _____

Male: _____ Female: _____ Spayed/Neutered: _____ Date of Birth: _____ Breed: _____

When and where were your pets last vaccines given (if any)? _____

Reason For Visit: _____

Please list all your pet's medication: _____

Describe your pet's diet: _____

Financial Policy

Magley Clemson Animal Hospital, LLC requires payment in full at the end of your pet's visit. Financially, the hospital is not able to bear the burden of the losses associated with charge accounts. We try to keep our fees as reasonable as possible.

For some treatments or hospitalized care, a deposit may be required. In such instances requiring surgical intervention, prolonged hospitalization, emergent or extensive care, a deposit equaling half of the estimated fees provided will be required before treatment begins. All balances must be paid in full at the time the patient is discharged, no exceptions. We are not required by law to release a patient if the services are unpaid, and we reserve this right.

Returned checks will be charged a \$42.00 fee. Failure to pay this debt within ten (10) days will result in the relinquishing of your file to the County Solicitor for prosecution. Any additional collection efforts and legal fees made will be billed accordingly. The practice of "post-dating" or "holding" checks is considered unethical business practice; therefore, we cannot accept this as a form of payment. We are bound by South Carolina law to follow acceptable financial guidelines.

If you have any questions, please do not hesitate to ask.

Payment Options: Cash - All Major Credit Cards - Debit Cards - Care Credit (Care Credit offers convenient monthly payment options which allow you to begin treatment today and pay overtime (subject to credit approval). **ALL credit card transactions will be charged a 2.99 credit card processing fee.**

By signing below, you agree to the foregoing terms of payment.

Client/Owner Signature:

Client/Owner Name (please print):

Date:
