**Client Update Form**

Pumpkin Hill Veterinary Clinic
6265 Tower Hill Rd, Byron, NY 14422
(585) 548-9097

To ensure the best care for your pets and quality communication, please update the following information:

Owner’s Name\* .

Address . City . State . Zip .

Home Phone ( ) — . Cell Phone\* ( ) — Accepts Texts? € Yes € No

Email\* . (\*communication means for alerts, recalls, confirmations & medical health reminders)

Spouse / Sig. Other: . Email: .

Home Phone ( ) — . Cell Phone ( ) — Accepts Texts? € Yes € No

Please update the list below with anyone else who is authorized (or not authorized) to drop off, pick up, or make medical decisions, including euthanasia for your pet(s):

Name: Phone: ( ) — . Accepts Texts? € Yes € No

Name: Phone: ( ) — . Accepts Texts? € Yes € No

Financial Agreement

Owner Name .

All fees are due upon rendering of services. Please indicate your choice of payment method:

 € Cash € Check\* € Visa

 € MasterCard € Discover € American Express

€ Care Credit € Insurance

\*For check ID please provide your driver’s license for photocopying

In bringing my pets to Pumpkin Hill Veterinary Clinic I understand the following:
 (Please initial on the lines provided)

* I understand that with my signed consent I effectively authorize at the time of visit(s) all treatments performed by licensed professionals and staff.
* I assume financial responsibility for all charges incurred, and agree to pay all such charges at the time medical care services are rendered or as arranged prior to examination and/or treatment of my animal(s).
* I understand that a $300-$350 deposit is required at the time of admittance for hospitalized animals.
* I understand that there may be an additional $25.00 fee for “walk-in service,” without a prior scheduled appointment,
* I understand that the use of retractable leashes is prohibited as a form of pet restraint at PHVC and could result in serious legal liabilities for a pet owner.
* I understand that any balance over 14 days will be sent to a collection agency and further services will be prohibited.
* I understand that there will be and additional charge of $35.00 for all returned checks.

In signing below, I certify that I have read, understand and comply to agree with the above conditions. I also agree that the information I have provided above is accurate:

Signature of Owner or Responsible Party Date .

Printed Name of Owner or Responsible Party .