

Welcome to

Magley Animal Hospital

Client Name _____	Spouse/Other _____
Address _____	City _____ State _____ Zip Code _____
Home Phone _____	Mobile Phone _____ Work Phone _____
Spouse/Other's Work Phone _____	Spouse/Other's Mobile Phone _____
E-Mail _____	
Employer's Name & Address _____	
Spouse's/Other's Employer Name & Address _____	
How did you learn of our practice? _____	If referral, by whom? _____

PET HEALTH HISTORY

PROVIDE COPIES OF ALL VACCINATIONS AND MEDICAL HISTORY WHERE APPLICABLE

Pet 1 Name _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Date of Birth _____
Breed _____	Color _____
Where were your pet's last vaccinations (if any) given? _____	Date _____
Pet 2 Name _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Date of Birth _____
Breed _____	Color _____
Where were your pet's last vaccinations (if any) given? _____	Date _____
Pet 3 Name _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Date of Birth _____
Breed _____	Color _____
Where were your pet's last vaccinations (if any) given? _____	Date _____
Reason For Visit _____	
Current Medications: (please include heartworm & flea prevention, supplements, over the counter drugs)	
Describe your pet's diet: _____	

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred, and understand that these charges will be paid at the time of release and that a deposit may be required for treatment. I am aware that I may request an estimate of any charges that may be incurred. I am also aware that this does not include emergencies, such as life-saving measures.

Owner/Agent's Signature _____ Date _____

Method of Payment Cash Check Mastercard Visa Discover Care Credit Other _____

Please read and sign our Financial Policy on next page



200 W NORTH AVENUE | WESTMINSTER, SC 29693 | Phone (864) 647-7877 | Fax (864) 647-4800

Thank you for choosing Magley Animal Hospital LLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

FINANCIAL POLICY

Magley 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 losses associated with charge accounts. Rather than increase our fees by as much as 5-10% to cover the costs associated with an “accounts receivables” department, we would prefer to keep our fees as reasonable as possible.

Payment Options:

You can choose from:

- Cash, Debit, MasterCard®, American Express®, Discover Card®
- Checks with valid ID
- CareCredit® Healthcare Credit Card

*CareCredit offers convenient Monthly Payment Options¹ which allow you to begin treatment today and pay over time.
¹Subject to credit approval*

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 \$35 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 an 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.
We are here to provide the best veterinary care available for your pet.**

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

Client/Owner Signature

Date

Client/Owner Name (Please Print)