## Camino Animal Hospital 4087 Carson Rd. | Camino, CA 95709 | Phone 530-644-6011 | Fax 530-644-6759

First Name:	Last Name:	Spouse:
Owner Date of Birth:	(Your DOB is needed for dispensing controlled prescription drugs.)	
Mailing Address:		
City:	State:	Zip Code:
Physical Address (if different from above):		
Home Phone:	Work Phone:	Cell Phone:
Driver's License Number:	Spouse's Work Phone #:	
E-mail:		(we do not share your information)
How did you hear about us?	riend/Family if so, who?	
€ Referral Card ← Saw Sign ← Mountain Democrat ← Other		
Financial Policy		
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. Camino Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge. A deposit of 50% may be required for some procedures Client Initials		
Payment Options:		
You can choose from:		
- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®		
- Convenient Monthly Payment Plans¹ from CareCredit®		
Additional Policy Information:		
Camino Animal Hospital charges \$25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. 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)	Date	

<sup>&</sup>lt;sup>1</sup>Subject to credit approval