

Please fill out this form,

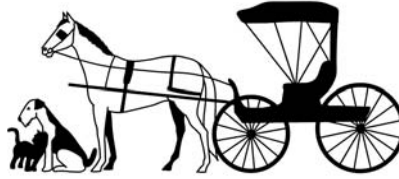
IC _____ HPS _____ Patient Info _____

print, sign, and send back

to JVC via fax: (317)758-6055

email: info@janssenvetclinic.com

or postal delivery.



JANSSEN VETERINARY CLINIC

2420 WEST 236TH STREET
SHERIDAN, IN 46069-9305
317-758-4865

Scott Thompson, DVM Chris Ernst, DVM Tad Thompson, DVM

Thank you for choosing Janssen Veterinary Clinic to care for your animal(s). Please take a few minutes to provide us with the information listed below.

Name: _____

Date of Birth: _____

Address: _____

Drivers License: _____

Social Security: _____

City, Zip: _____

Home #: _____

Work #: _____

Cell #: _____

Fax #: _____

Email: _____

Spouse: _____

How did you hear about our clinic? _____

I was referred by _____

Boarding Facility: _____

Barn Phone: _____

Address: _____

Contact: _____

City, Zip: _____

Contact Phone: _____

For monthly billing arrangements a credit card must be on file with the office.

Name on credit card: _____

CC Options: Run after each visit

Credit card number: _____

Run w/ permission

Expiration Date: _____

Email receipt

Emergency contact person in case of your absence: _____

Home #: _____

Cell #: _____

Work #: _____

I realize by signing below, that I am responsible for payment for all animal(s) and the treatment in full at the time the animal is discharged. If I neglect to pick up the animal that is ready for release within five (5) days of written notice, delivered to the above address, Janssen Veterinary Clinic may assume that the animal is abandoned. Janssen Veterinary Clinic is then authorized to make arrangements for the animal as they see fit. Abandonment does not release me of my obligation for the costs incurred.

I further agree that in the case of non payment, a finance charge of 1 ¾% per month (21%) per annum and collection fees will be charged and that any collection fees or attorney fees will be paid in addition to the original charges by me. If payment arrangements have not been made within 60 days of service, this account will be given to a collections agency. An additional non-refundable fee of \$30.00 will be added to your account. This fee covers the cost of the collections agency.

Signed: _____

Date: _____

Animal's Registered Name: _____
Barn Name: _____ Type: Horse_ Other _____
Breed: _____ Birth date: _____
Color: _____ Sex (circle): Male Female Gelding
Medical history/vaccinations: _____

Animal's Registered Name: _____
Barn Name: _____ Type: Horse_ Other _____
Breed: _____ Birth date: _____
Color: _____ Sex (circle): Male Female Gelding
Medical history/vaccinations: _____

Animal's Registered Name: _____
Barn Name: _____ Type: Horse_ Other _____
Breed: _____ Birth date: _____
Color: _____ Sex (circle): Male Female Gelding
Medical history/vaccinations: _____

Animal's Registered Name: _____
Barn Name: _____ Type: Horse_ Other _____
Breed: _____ Birth date: _____
Color: _____ Sex (circle): Male Female Gelding
Medical history/vaccinations: _____

Animal's Registered Name: _____
Barn Name: _____ Type: Horse_ Other _____
Breed: _____ Birth date: _____
Color: _____ Sex (circle): Male Female Gelding
Medical history/vaccinations: _____

Animal's Registered Name: _____
Barn Name: _____ Type: Horse_ Other _____
Breed: _____ Birth date: _____
Color: _____ Sex (circle): Male Female Gelding
Medical history/vaccinations: _____

