

Acct # _____

ANIMAL HEALTH CENTER, LLC

4619 Bobolink Lane
Laramie, WY 82070
Medicine-Surgery-Dentistry-Boarding
Shawn Sanders, DVM
Kristie Steuer, DVM

Name _____ SSN or DL# _____

Spouse/Roommate _____ SSN or DL# _____

Mailing Address _____ Physical Address _____

City, State _____ City, State _____

Zip Code _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Employer (spouse) _____ Work Phone # (spouse) _____

E-Mail Address _____

Nearest relative who is NOT living with you (For emergency contact):

Address _____

City/State/Zip Code _____ Phone # _____

How did you hear about the Animal Health Center, LLC?

Preferred Method of Payment: Cash____ Check____ Credit/Debit____

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. THERE IS NO CHARGING/BILLING UNLESS ARRANGEMENTS HAVE BEEN MADE WITH THE MANAGEMENT BEFORE SERVICES ARE RENDERED.

Pet's Name	Species	Breed	Birthday	Sex	Spayed/Neutered?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I/WE, THE UNDERSIGNED, ACCEPT FINANCIAL RESPONSIBILITY FOR SERVICES RENDERED TO ANY AND ALL ANIMALS I PRESENT TO THE ANIMAL HEALTH CENTER, LLC FOR CARE. I/WE ALSO ACCEPT RESPONSIBILITY FOR ALL SERVICE, COLLECTION, BILLING, AND INTEREST (18%) CHARGES AND ATTORNEY COSTS INCURRED DURING THE COLLECTION PROCESS.

Owner(s) Signature(s) _____

Date _____

We appreciate you filling this form out completely and accurately so that we can better serve you and your pets.
Thank you!