

Sycamore Veterinary Services

CLIENT INFORMATION

Last Name _____	First Name: _____
Address: _____	Home: (____) _____
City: _____ State: _____	Work: (____) _____
Zip Code: _____ County: _____	Cell: (____) _____
Email: _____	Friend/Relative: _____
Employer: _____	Friend/Relative:(____) _____
How Did You About Us/Referred By: _____	
Previous Veterinary Clinic (Name, City, Phone): _____	

Financial Policy

Sycamore Veterinary Services requires full payment of services at the time of treatment. We Accept Cash, Debit Cards, Most Credit Cards, and Scratch Pay. By signing below you are agreeing to pay all charges when services are rendered.

Cancellation Policy

If you have **missed** more than **2 appointments** we will **require a \$25.00 deposit** that will be **credited towards your bill** when you come in, but is forfeited if you miss your appointment or fail to reschedule within 24 hours.
For **surgeries**, the deposit will be **\$50.00** and again, it will be **credited towards your total bill**.

We DO NOT accept personal checks.

Signature: _____ Date: _____

We enjoy showing off your pets on our website, Facebook, and Instagram! Please initial whether or not we may use photos and videos of your pet.

_____ Yes, you may post photos/videos _____ No, please do not post photos/videos

For Office Use Only: Entered By: _____ Date: _____ Scanned/Attached By: _____ Date: _____