

# Dickinson County Animal Clinic, P.C.

(712) 336-3709

TO BETTER ACQUAINT US PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION.

Owner's Name \_\_\_\_\_  
last first middle initial

Spouse's/Co-Owner's Name \_\_\_\_\_  
last first middle initial

Local Address \_\_\_\_\_  
street address apt./lot#

\_\_\_\_\_ city state zip code

Permanent Address \_\_\_\_\_  
street address apt./lot#

\_\_\_\_\_ city state zip code

Contact Information Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Spouse/Co-Owner # \_\_\_\_\_

Emergency # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Owner's Social Security # \_\_\_\_\_ Spouse/Co-Owner's Social Security # \_\_\_\_\_

Owner's Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse/Co-Owner's Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Former/Current Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

How did you become aware of our clinic?

- Yellow Pages
- Clinic Sign
- Other Veterinarian
- Personal Recommendation - \_\_\_\_\_

Our office staff will be happy to discuss our fees with you prior to seeing the doctor. We want our clients to understand our fees and feel confident that they are getting the best medical care available for their dollar. Payment in full will be requested for each visit before you leave, unless prior arrangements have been made. You will be provided with a detailed itemization of charges at the time of payment for this visit. We suggest you keep this record of your visit, which will also indicate that your account is paid in full. At this time you will be given any prescriptions that the medical staff deems necessary for your pet's health and an appointment card as a reminder of any future appointments if needed. Should you feel that payment of your account in full would not be possible today, we request that you speak to our office staff at this time.

Preferred method of payment today: \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Mastercard \_\_\_\_ Visa \_\_\_\_ Discover

Signature \_\_\_\_\_ Date \_\_\_\_\_