



5303 Main St  
Springfield, OR 97478  
(541)747-3859  
Fax (541)868-3001  
mckenzieanimalhospital.com

**Client Registration**

Owner's Name \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Children living at home (names & ages): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Best Daytime Phone Number(s): \_\_\_\_\_

**Owner's Contact Information**

**Co-Owner's Contact Information**

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Emergency Contact (name & number): \_\_\_\_\_

**How did you learn about McKenzie Animal Hospital? (Circle One):**

Hospital Sign                      Yellow Pages                      Website                      Other

Personal or Professional Recommendation... Who may we thank? \_\_\_\_\_

**To help us respond to your individual needs, please check the statement(s) that best apply:**

- I want the best medical care available for my pet. Please recommend anything that you believe is beneficial for my pet's optimum health.
- I want good medical care for my pet, but there is a limit to what I am able to do.
- I want you to do only the services that I request.
- I feel my pet should be thoroughly examined by a veterinarian at least once a year.
- I feel my pet only needs to be examined by a veterinarian when there is a medical concern.





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## PAYMENT INFORMATION

Thank you for choosing McKenzie Animal Hospital for your pet care. We will do our very best to listen to and respond to your concerns and to provide the best care available for your pet. Our primary concern is your pet's health and comfort. However, it is also necessary for us to address the financial aspects of veterinary care.

Unlike human medical facilities we receive no financial support from state or federal agencies and no donations from charitable organizations; consequently, we must operate our business on a cash basis.

Fees for all of our services, medications, and products need to be paid as you receive them.

### OUTPATIENT VISITS

We routinely prepare Health Care Plans with associated fees for outpatient treatments and diagnostic testing when fees are anticipated to be \$100.00 or more. Please ask anytime you need to know the cost of these services and we will gladly let you know before proceeding.

### INPATIENT PROCEDURES

Our staff will prepare a written Health Care Plan, including the associated fees, for the diagnostic tests, treatments, and procedures your pet needs. Deposits for fees are requested in some cases and are appreciated in all. For new clients and patients needing critical care, we required a deposit of 75% of the total estimated fees when your pet is admitted. For dogs with Parvo virus or gastroenteritis needing critical care, we need full payment of the daily estimated fees.

### EXTENDED STAY

Our inpatient staff will keep you updated on your pet's progress daily and will advise you of the current balance. We need you to keep your payments current on a daily basis.

### PAYMENT METHODS

We accept cash, personal checks, Travelers checks, and VISA, MasterCard, and Discover. Credit for your pet's health care may be obtained through Care Credit for qualified applicants. This service provides instant credit over the phone, and, based upon the amount of fees, interest free loans.

### RETURNED CHECKS-INSUFFICIENT FUNDS

There is a \$25.00 fee for each check returned for insufficient funds.

### COLLECTION ACCOUNTS

All cost of collection, accrued interest, and service fees are collectable by McKenzie Animal Hospital and/or their agent. Your account will be assessed a monthly interest fee of 1.8% or a \$5.00 minimum on any unpaid balance.

If you have any questions regarding our financial policy, please feel free to speak with one of our Client Care staff members.

Please sign below to acknowledge that you have read and understand our financial policies.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

