



# We Welcome you to LaPorte Animal Clinic

Dr. Andrew Dean & Dr. Marta Dean

## OWNER INFORMATION

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address AND Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

MAIN CONTACT NUMBER \_\_\_\_\_ Any other phone numbers \_\_\_\_\_  
(Work/Home/Cell)

Email address \_\_\_\_\_



**CHECK ONE: Would you like to receive reminders for annual physicals, vaccines, etc. by**  
( ) MAIL ( ) EMAIL ( ) MAIL AND EMAIL



**CHECK ONE: Would you like to receive our informational newsletter by email?**  
( ) YES ( ) NO

Place of employment \_\_\_\_\_

Children-if still at home (names/ages) \_\_\_\_\_

Driver License Number (State)(If writing check) \_\_\_\_\_

- Preferred method of payment ( ) cash ( ) check ( ) credit card ( ) Care Credit
- Do you have pet insurance? ( ) No ( ) Yes Company? \_\_\_\_\_
- Are you eligible for senior discount? (over age 65) yes \_\_\_ no \_\_\_

How did you hear about us? Please help us to know the most effective way to reach out to new clients. If a friend who is a client referred you, they will receive a coupon for \$20 off services at their next visit.

- ( ) Phone book, which one? \_\_\_\_\_
- ( ) Newspaper, which paper? \_\_\_\_\_
- ( ) Friend (specify) \_\_\_\_\_
- ( ) Pet store (specify) \_\_\_\_\_
- ( ) Saw sign
- ( ) Internet, what search words if you remember? \_\_\_\_\_
- ( ) Other (specify) \_\_\_\_\_

The following statements must be signed in acknowledgment of hospital policies.

- Full payment is expected at the time of service unless prior written arrangements with the doctor have been made.
- Any returned checks are subject to a service charge of \$35 and any additional processing fees.
- There is a \$5.00 per month billing charge and 1.5% accrued finance charge for any unpaid balances over 30 days. Any accounts overdue by more than 60 days will be DOUBLED and turned over to a collection agency or pursued legally. Any costs involved with collection of an overdue account, together with attorney's fees, will be added to the overdue balance.

X \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

### FOR OFFICE USE ONLY

- Welcome card  Referral card  Mailing and street address on form  How did they find us?
- Email in Laptop Spreadsheet and on iMatrix and write email reminders on Alta client info page (if needed)

Initial \_\_\_\_\_ Date \_\_\_\_\_