

**Capeside Animal Hospital
511 Olde Waterford Way
Leland, NC 28451
(910) 383-2100**

INFORMATION ABOUT YOU		
Owner:		
Address:		
City, State, Zip:		
Mailing Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		Drivers License #:

INFORMATION ABOUT YOUR PETS		
Name:	Date of Birth:	
Species:	Breed:	
Sex: Male Neutered Female Spayed Color:		

Name:	Date of Birth:	
Species:	Breed:	
Sex: Male Neutered Female Spayed Color:		

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?
<input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Web Page <input type="checkbox"/> Advertisement- Where? _____ <input type="checkbox"/> Individual Referral- Who may we thank? _____

PAYMENT POLICY
Professional fees are to be paid at the time services are rendered. Capeside Animal Hospital cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution. We accept cash, checks (ONLY CHECKS FROM NEW HANOVER AND BRUNSWICK COUNTY), Visa, Master Card, Discover, and Care Credit. We will gladly prepare a written estimate if you desire; please ask the receptionist or doctor. In the event of an outstanding balance after 30 days, a monthly billing and financing fee equal to 1.5% of the unpaid balance will be applied to your account. If the balance is not paid, or suit is brought, you will be financially responsible for all reasonable costs of collection, including, but not limited to, attorney fees and court costs.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;"> Signature of Owner or Agent </div> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;"> Date </div> </div>