Brighton-Eggert Animal Clinic

To update our records please fill out the following form

Owner

Name

_____

Mailing Address

_____

City, State and Zip Code

_____

Home/Cell Number

_____

Date of Birth

_____

Email Address

_____

Employer

_____

Work Number

_____

NAME of anyone else authorized to order treatment or obtain patient information:_____

Spouse or Co-Owner

Name

_____

Mailing Address

_____

City, State and Zip Code

_____

Home/Cell Number

_____

Date of Birth

_____

Email Address

_____

Employer

_____

Work Number

_____

Estimates and Payment

We will gladly prepare a written estimate of service fees if you desire (please ask your doctor).
All professional fees are due at the time services are rendered.
We accept cash, Visa, Mastercard, Discover, American Express, and Care Credit.
We NO longer accept personal checks. Returned checks are subject to a $25 returned check fee.

In case of extensive medical or surgical procedures, we do require a deposit. We offer Care Credit financing for qualified clients, please ask a receptionist for details.

All balances are subject to a monthly finance charge. If it becomes necessary to send your account to a collection agency, you are responsible for all collection fees incurred.

To prevent the spread of infectious diseases, all hospitalized patients must be current on vaccines and free from internal and external parasites.

The signature below authorizes this
Level of preventative care and the appropriate charges will be added in the discharge invoice.
I HAVE READ THE PREVIOUS STATEMENT AND AGREE TO THE TERMS STATED:

Signature:_____Date:_____