CAPE FEAR ANIMAL HOSPITAL
3309 BRAGG BOULEVARD, FAYETTEVILLE, NC 28303
PH: (910) 867-0103 FAX (910) 867-2492

WELCOME TO OUR PRACTICE!

Name:_____
First M.I. Last Spouse/Other

Address:_____
Street City/State/Zip

Home Phone #_____ **Cell Phone #**_____

Employer/Military Unit:_____**Phone**:_____

Email Address:_____@_____

How Did You Hear About Us?_____

About Our New Patient/s-

Name	Age	Breed	Sex	Spayed or Neutered	Color/Marking

For their protection, all pets coming to the Hospital must be properly vaccinated. **Proof of a current rabies vaccination is required.** If you do not have written records, we will be happy to contact your former veterinarian to check the history, or we will vaccinate your pet when you come in. Please feel free to discuss this with our staff if you have any questions.

Financial Policies

In order to keep our fees as low as possible, we do not bill for services. **Your fees will be due and payable in full at the conclusion of today's visit, or at the time of discharge if your pet is hospitalized**. We will be happy to provide a written estimate in advance of treatment, keeping in mind that we cannot always predict the outcome of that treatment. In the case of a lengthy or complicated treatment, a deposit of ½ of the anticipated charges will be due now.

I have read the above and assume financial responsibility for the above animal/s.

_____
Name Date

My account will be settled by: Cash ____ Check_____ Credit Card_____ Care Credit_____

Social Security Numbers are required from all Clients that pay by check: SSN:_____-_____-_____