



**NEW CLIENT INFORMATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse (Other Owner): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

<u>Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Color/Markings</u>

**Briefly list any prior diseases, injuries or surgical procedures:**

**Please list medications including heartworm/flea & tick prevention:**

By my signature below, I acknowledge that I have read and understand the Shamrock Animal Hospital Payment Policy. I also understand that Shamrock Animal Hospital may use my email address and/or cellular telephone number to communicate appointment reminders and updates via email and/or text message. I can opt out of these messages at any time by contacting Shamrock Animal Hospital or by unsubscribing by following the instructions in the digital communication. Copies of the Shamrock Animal Hospital Payment Policy are available upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear about us?: \_\_\_\_\_

4585 North Highway 19A  
Mount Dora, FL 32757  
(352) 483-2999



## **SHAMROCK ANIMAL HOSPITAL PAYMENT POLICY**

(updated January 2024)

Shamrock Animal Hospital is dedicated to helping our clients care for their animals and realize that payment for treatment is often a concern. Please understand our financial requirements prior to receipt of animal health services.

*If you have budgetary limits, please make our team aware before we start diagnosis & treatment.*

**In all cases, full payment is due at the time of service.** Shamrock Animal Hospital gladly accepts Visa, MasterCard, Discover, American Express, Cash, Check and Care Credit. If you would like to apply for Care Credit financing, please consult with our reception team.

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### Estimates & Deposits

We are happy to provide estimates for all services, medications and other supplies/materials in advance of providing them. Please understand that these are estimates and may change depending upon the diagnosis and required services.

For services that require significant financial investment or for some new clients who do not have a historical relationship with Shamrock, clients may be asked to provide a deposit to ensure that services provided will be paid for.

### Financing

In cases of extreme emergency, Shamrock Animal Hospital may consider extending credit or payment-plan options to clients who, in our opinion, have established need or, in other cases, have had an unexpected and expensive treatment plan recommended to them. **Credit and payment plans are an extreme exception** and are at the sole discretion of Dr. Fagan and/or her designees and should not be considered a standard form of payment.

### Delinquent Accounts

We reserve and will exercise the right to report any account 90 days past due to a collections agency. All expenses incurred as a result will be the patient's responsibility, as permitted by law.

### Cancellations & Missed Appointments

We understand that unforeseen circumstances can occur when attempting to bring your pet to our hospital. Appointments, however, are valuable blocks of time and when an appointment is a no-show or cancelled with short notice, we are often prevented from filling that time and providing animal health services to other families and pets. Please give at least **24 hours notice** when you will not be able to make your scheduled appointment. In the event of two (2) no-show appointments, Shamrock reserves the right to only schedule services for your pet on a work-in basis and may result in an extended wait to receive services.

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