



{CLINICADDRESS1}
{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
{CLINICPHONE}

Welcome Consent Form

Our Mission is to provide exceptional care for animals, educate pet owners and our community, and practice progressive medicine in a professional environment. Our company encourages personal and professional growth.

Client ID:	{ID}	Employer:	{EMPLOYER}
Client Name:	{FULLNAME}	Work Phone	{WORKNUMBER}
2nd Client Name:	{SECONDARYNAME}	Emergency Name:	{EMERGENCYNAME}
Address:	{ADDRESS1} {ADDRESS2}	Emergency Phone:	{EMERGENCYNUMBER}
	{CITY} {STATE} {POSTALCODE}	Referral Name:	{REFERRALNAME}
Phone Number:		Email:	{EMAILADDRESS}
	{CDESCRIPTION____ CNUMBER ____}		

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the pet(s) I have placed under my account. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED**. I also agree to the hospital's **No Flea Policy** (please ask a staff member if explanation is needed)

Signature: {CLIENTSIGNATURE}

Date:

Printed Name:

Picture Release (Optional):

I grant Pet Wellness Center of Southern Illinois, its representatives, and its employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Pet Wellness Center of Southern Illinois may use such photographs of me and/or my pet with or without my name and for any lawful purpose.

Signature: {CLIENTSIGNATURE}

Date:

Consumer Agreement:

Consumer agrees that, in the event of any unpaid balance, including principal, interest, and late fees, they will be placed with or referred to a collection agency, attorney, or other third party collection service for collection. A fee of 5% of the unpaid balance shall be added to the unpaid balance each month the balance remains active. In addition to the unpaid balance due and the authorized collection fee, Consumer agrees to pay all other costs incident to collections incurred directly or indirectly by Creditor or by the collection agency, attorney, or other third party collection service. To collect the total amount due from Consumer under this agreement, incidental collections costs may include, but are not limited to, court cost, sheriff's fees, interest and late fees. Consumer amounts due from Consumer under this agreement in the event of placement or referral for collection, plus a reasonable profit margin for the collection agency, attorney or third party collection service.

By signing here, Consumer acknowledges and declares that he or she knows and understands the above provision, either upon the document having been explained to him or her or having the opportunity to discuss it with Creditor, and he or she agrees of his or her own accord to the above provision.

Signature: {CLIENTSIGNATURE}

Date: