

www.sunfirelabradors.com
513.630.7733



10010 Bennington Drive
Cincinnati, OH 45241

CLIENT INFORMATION

Date: _____

Owner Name: _____ Spouse's Name: _____

Address: _____

City: _____ Zip: _____

Phone #1: _____ Phone #2: _____

E-mail: _____

If necessary, can we call you at work? Yes No

Place of Employment: _____ Work Phone: _____

Spouse Place of Employment: _____ Work Phone: _____

PET INFORMATION

Sex: Male Female Spayed Neutered

Pet's Name: _____ Date of Birth: _____

Breed: _____ Color: _____

What prior illnesses or surgery should we know about?

Does your pet have any allergies?

Is your pet on any medication?

What is your pet's current diet?

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Vaccination History (dates last given)

Rabies: _____ Dog Distemper/Parvo: _____ Dog Bordatella: _____

Cat Distemper: _____ Cat Leukemia: _____

Veterinarian Name/Clinic: _____

Address: _____

Phone Number: _____

How did you hear about us?

Website

Pet Store/Kennel

Veterinarian

Personal Recommendation

Other: _____

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It is our policy to provide your pet with proper veterinary care if required. We will bill your credit card for such services if we incur any out-of-pocket expenses. This includes expenses such as hospital treatment or emergency care. Our payment policy requires all expenses to be paid at the time that they are incurred. We do not carry open accounts and hope that our alternatives are convenient for you.

We are dedicated to providing the best possible services to you and regard your understanding of your financial responsibilities as an essential element of your pet's care. We accept Visa and MasterCard for your convenience, as well as cash and checks. Please note that we will require credit card information for billing any out-of-pocket veterinary expenses that we may incur.

All payments are due in full at the time of service.

A \$38.00 fee will be assessed for check returned for non-sufficient funds. Any balance 90 days past due will be sent to collection and you will be responsible for any fees that we incur through the process utilized to collect the outstanding delinquent balance. We are doing everything possible to hold down the cost of boarding for your pet and thank you in advance for doing your part.

I have read and understand Sunfire Labrador's Financial Policy

Owner Print Name: _____

Owner Signature: _____

Touch Screen Enabled

For Typed Signature

I verify the above as my signature

Date: _____

Thank you for bringing your dog to Sunfire Labradors. We hope that you are pleased with our services and facilities and would appreciate you letting us know how we may better serve you.