

# Calista Animal Hospital

1889 Calle De Ninos, Las Cruces, NM 88005  
575-525-1000 Fax 575-523-7605

Today's Date: \_\_\_\_\_ Are you a new client or a previous client?

Client Name: Mr. Mrs. Ms. Dr. (circle one)

Name: \_\_\_\_\_ Driver's License/SSN \*\* \_\_\_\_\_

\*\* This information is for check processing/collecting only and is part of your private medical records. This information will not be used or disseminated for any other purpose.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Check here if mailing address is the same as physical

Physical Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Owner's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

If necessary, may we contact you at work? Yes no

Spouse/Co-owner \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse/Co-owners Employer \_\_\_\_\_ Phone # \_\_\_\_\_

If necessary, may we contact you at work? Yes no

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Who may we thank for referring you to our hospital? \_\_\_\_\_

Privacy laws do not permit us to release medical information such as vaccine history without your permission. If another clinic, kennel or groomer requests this information may we release it? Please sign here to allow the release of this information:

\_\_\_\_\_ (option to sign)

(Continue to next page)

**Pet Information**  
**Please Provide Previous Records if Possible**

Pet Name \_\_\_\_\_ Dog Cat Bird Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Approximate if necessary)

Sex: Spayed Female Female Neutered Male Male Microchip# \_\_\_\_\_

Is your pet: Allergic to vaccines or medications? \_\_\_\_\_

Currently taking medications/special diet? \_\_\_\_\_

Please list any previous illnesses/surgeries: \_\_\_\_\_

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# Calista Animal Hospital

1889 Calle De Niños | Las Cruces NM, 88005 | Phone (575) 525-1000 | Fax (575) 523-7605

## Financial Policy

Thank you for choosing Calista Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. Full payment is required at the time services are rendered.

### Payment Options:

You can choose from:

- Cash, Check (with proper I.D.), Visa®, MasterCard® or Discover Card®
- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit®
  - Allow to begin treatment today and pay over time with NO INTEREST<sup>1</sup>
  - No annual fees or pre-payment penalties

### Deposits & Billing:

For all treatments &/or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of \$500 or more will require a 50% deposit of the total estimate to begin your pet's treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received. We charge interest at the rate of 21.9% on all outstanding account balances older than 30 days. Balances not paid in full will be subject to additional collection fees and/or attorney fees incurred in the collection process.

### Additional Policy Information:

Calista Animal Hospital charges \$25 for returned checks. For patients with pet insurance we are happy to work with your carrier to maximize your benefit and provide you with the documentation you need to receive reimbursement for your treatment.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature	Client/Owner Name (Please Print)	Date
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Pet Name (Please Print)

<sup>1</sup> If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup> Subject to credit approval