



Katie Haukos DVM, MS
Becky Zelada DVM

Text us at 816-837-0858
 Email: RelianceVetServices@gmail.com
 Website: www.reliancevetservice.com
 Facebook: Reliance Veterinary Services

Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Preferred Contact Method: Text Email How did you hear about us? _____

Alternate Contact (e.g spouse, relative, significant other)

Name/Relation: _____ Phone Number: _____

Pet Information:

Name	Species	Sex	Spayed/Neutered		Breed	Color	D.O.B. or Age
	Dog Cat	Male Female	Yes	No			
	Dog Cat	Male Female	Yes	No			
	Dog Cat	Male Female	Yes	No			
	Dog Cat	Male Female	Yes	No			

Insurance Information (skip if pet is not insured)

For insured pets the client is still responsible for the total bill at time of service. Any reimbursement the insurance agency provides will be sent directly to you from your insurance agency after your claim has been processed

Insurance Company _____ Insurance I.D.: _____

Phone Number: _____ Email: _____

PAYMENT

We accept payment via check, cash, Venmo, and credit card (with a 2% additional fee). **We require all clients to keep a card on file, no exceptions.** Please see below for the card on file authorization form.

Please select your preferred method of payment below:

Option 1: I authorize Reliance Veterinary Services to charge my card on file within 48 hours of rendered service and/or product. (you will receive and itemized invoice via email)

Option 2: I prefer to receive and itemized invoice after rendered service and/or product and agree to pay within 48 hours. If I am unable to pay promptly I authorize Reliance Veterinary Services to charge the card on my account for the resulting invoice.

Option 3: I prefer to pay with cash or check at the time of service. If I and/or payment is unavailable at the time of service I authorize Reliance Veterinary Services to charge the card on my account for the resulting invoice. **(There is a \$25 fee for all returned checks and NSF transactions)**

PAYMENT AGREEMENT

If I fail to pay all invoiced charges when due I agree to pay all invoiced charges together with collection fees (including attorney fees), late charges (computed at 1.5% per month), and any other expenses involved in the collection of the invoice(s).

Signature: _____

Date: _____

CARD ON FILE AUTHORIZATION

I authorize Reliance Veterinary Services to keep the following card on file and to charge it for the services and products rendered to me/my pet(s).

Credit Card Type: MasterCard Visa Discover American Express

Charge Type: Credit Debit

Card Holder Name: _____

Card Number: _____

Billing Address: _____

Billing Zip Code: _____ **Expiration Date:** _____ **CVV:** _____

Signature Of Card Holder: _____

Date: _____

SOCIAL MEDIA RELEASE

From time to time we take pictures to use on our website, social media, advertising, brochures, publicity, or educational presentations. We request your permission to take and use pictures of you, your animal(s), and any present guests or family for these purposes.

Permission Granted: Yes No

Signature _____

Date _____

Medical Records

If possible we ask that you please email your pets previous medical records including vaccine history, Xrays, and any lab work over to us before your appointment. If you are unable to email them please bring them with you to your appointment. If your pet is currently taking any medications please bring those to your appointment as well.

CLIENT AGREEMENT

1. I agree to treat every person of the Reliance Veterinary Services team with respect and consideration. If I fail to do so I understand that Reliance Veterinary Services reserves the right to discontinue services to me.
2. If I need to cancel or reschedule my appointment for any reason I agree to contact Reliance Veterinary Services 24 hours prior to my scheduled appointment time (when able). If I fail to do so I understand that I will be charged a cancellation fee of \$75.

Signature _____

Date _____

THANK YOU for selecting Reliance Veterinary Services for your pet's medical needs!

Save the form as a PDF and email it to: RelianceVetServices@gmail.com