

Angels Camp Veterinary Hospital, Inc.

1997 Deer Creek Road • PO Box 1273
Angels Camp, California 95222
(209) 736-0488 or (209) 736-0489
www.angelscampvet.com

PLEASE READ CAREFULLY

In order to keep costs down, we do not use expensive billing procedures. We have a NO CREDIT POLICY and operate on a CASH PAYMENT WHEN SERVICES ARE RENDERED BASIS. Payment may be made by cash, check or credit card.

Name _____ email address _____

Phone number _____ Best time to reach you? _____

Driver's License # _____ Social Security # _____ / _____ / _____

(If you are paying with cash – this information is not necessary, however if you are using a credit card or check this information, must be filled out)

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____
(if different from mailing address)

Place of Employment _____

Work Phone # _____ Emergency/Message Phone # _____

Spouse _____

Spouse's Place of Employment _____

Spouse Work # _____

Referred by: _____

Signature: _____

Your signature implies approval for whatever procedures or medications are needed in the normal course of treatment of your pet. In presenting any animal for treatment, I agree to pay for professional services rendered to the animal. If I am not the owner, I assume responsibility for payment if the owner refuses, declines or is unable to pay.



