

Our Motto "Treat every client as family and every pet as if they were our own."



Today's Date: ____ / ____ / ____

Client ID _____

Thank you for giving Mauer Animal Clinic the opportunity to care for your pets please complete the following so we may

Mrs. ___ Ms. ___ Mr. ___ Dr. ___

First Name _____ MI _____ Last Name: _____

Spouse: _____ MI _____ Last Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Cel phone _____ Work _____

Email: _____

How did you hear about us? Yellow pages _____ Internet _____ Web Site _____ Sign _____

Social Media _____

How Much information do you want about your pet's health?

- I want a full explanation – anything and everything
- I want a brief explanation – just the important stuff
- I just want to know if there's anything I need to know – keep it simple.

I understand that payment is due when services are rendered. I agree that past due accounts are subject to a 1.8% monthly service charge, as well as costs of collections, which can be up to 33%, of the debt, & all costs, & expenses, including reasonable attorney's fees, we incur in such collection efforts.