



Zion Veterinary Hospital

29 S 100 E

Hurricane, UT 84737

(435) 635-4033

contact@zionvet.com

Owner's Name: _____

Co-owner's Name: _____

Please list any other individual(s) who you authorize to bring your pet(s) in, authorize or decline medical treatments, or receive medical information regarding your pet(s): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email address(es): _____

Home phone: _____ Cell Phone: _____

Referred by (person's name or other source): _____

Pet(s) Information:

	Name	Breed	DOB	Sex	Color	Spayed/Neutered
1						
2						
3						
4						

Payment Policy:

- I represent that I am at least 18 years of age, have read and understand the payment policy, and am competent to execute this agreement.
- Payment is due in full at the time of service. I agree to pay all fees accrued during my pets' care. In the event that the terms of this agreement are not met, I agree to pay the principal amount plus all additional fees, including up to 40% of the principal amount assigned.
- We accept all cash, all major credit cards, Scratch Pay, and Care Credit; we do not accept checks.

Signature of Responsible Party

Date