



# Animal Medical Center of Richardson



590 W. Campbell Rd.  
Richardson, TX 75080  
972-644-9397  
Dee Shuttlesworth, DVM

**Thank you** for choosing our hospital! We appreciate the opportunity to provide you with quality veterinary services. Please provide us with the following information. **VISIT US ON THE WEB AT: [www.AMCRVETS.com](http://www.AMCRVETS.com)**

Drivers License # \_\_\_\_\_ \* We will need to make copy of your license for our records.

Mr. \_\_\_\_\_  
Ms. \_\_\_\_\_ Alternate Contact/Spouse \_\_\_\_\_

Mrs. (Last) (First)

Dr.

Address: \_\_\_\_\_  
Street City, State Zip Code

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Spouse work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Pet Insurance \_\_\_\_\_

How did you become aware of our hospital?

\_\_\_\_ Dallas Yellow Pages \_\_\_\_\_ Hospital Sign

\_\_\_\_ Richardson Yellow Pages \_\_\_\_\_ Internet

\_\_\_\_ Drive By

\_\_\_\_ Personal Recommendation-Whom may we thank? \_\_\_\_\_

### NOTE:

All fees are due in FULL at time services are provided. We do not bill. We are happy to accept your personal check, with valid *Texas* drivers license. For your convenience, we also accept cash, Mastercard, Visa, Discover, and American Express. Financing available to qualified applicants through Care Credit.



	<b>Pet 1</b>	<b>Pet 2</b>
<b>Pet Name:</b>		
<b>Species (cat, dog, etc.):</b>		
<b>Breed:</b>		
<b>Description (color):</b>		
<b>Sex:</b>		
<b>Spayed or Neutered? (yes or no)</b>		
<b>Birth date or age:</b>		

**Vaccination Dates –not necessary if you brought copy of records**

<b>DHLP-Parvo (dog)</b>		
<b>Heartworm test</b>		
<b>Rabies</b>		
<b>FVRCP (cat)</b>		
<b>Feline Leukemia</b>		
<b>Fel. Leukemia test</b>		

Is your dog or cat on heartworm prevention?    **YES**    **NO**    (circle one)

If yes, what type? \_\_\_\_\_

Is your pet on a special diet or medication? \_\_\_\_\_

Please list any known allergies to drugs or vaccinations

\_\_\_\_\_

Is your pet implanted with a Home Again Microchip? \_\_\_\_\_



**Thank you for your patronage!**

## **OUR POLICY OF CARE AND PAYMENT**

Ensuring that our patients receive high quality care is the goal of our practice

Payment is due at the time of treatment. We accept cash, check, all major credit cards, and Care Credit. Remember to get your pet's insurance form filled out.

### **PAYMENT OPTIONS**

1. Cash or ATM Debit
2. Care Credit
3. American Express, Discover, Mastercard, Visa

Applying for Care Credit only takes a few minutes and there is no fee to apply. With Care Credit, we do not require payment today. If you are interested in applying, please speak to one of our client representatives today. There is a \$35.00 fee for any insufficient check that is returned and any other bank fees may apply.

Please indicate below by checking the form of payment you choose to settle your account today:

- Cash, check, ATM Debit
- Major Credit Card
- Care Credit

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Signature of Patient/Responsible Party

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Date

Thank you,  
**Animal Medical Center of Richardson (AMCR)**