

Lake Cable Animal Hospital
Heidi R Watters D.V.M.
5222 Fulton Dr NW

Canton, Oh 44718

(330) 499-9370

Name (include middle initial) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (H) _____ (W) _____ (C) _____

Date of Birth _____ Drivers License Number _____ Email _____

Employer _____ Occupation _____

Name of Spouse _____ Phone Number (C) _____ (W) _____

Employer _____ Occupation _____

Whom may we contact in case of an emergency? _____

Phone Number _____

How did you find out about us? _____

Name of Pet _____ Age _____ Breed _____ Sex _____ Neutered Yes _____ No _____

Reason for Appointment _____

Name of Pet _____ Age _____ Breed _____ Sex _____ Neutered Yes _____ No _____

Reason for Appointment _____

Office Policy (Please Read Carefully)

1. Payment is requested for office visits and office procedures at the time services are rendered. Acceptable methods of payment are Cash, Credit Card, and Check.
2. Billing personnel can assist with emergency fees. To those with established credit with this hospital, we may bill monthly. Credit will no longer be extended to those who fail to pay upon receipt of a statement. A 1 ½% per month service charge at an annual rate of 18% will be added to all unpaid accounts over 45 days.
3. I have read the above carefully, I understand it and any questions I may have had have been answered to my satisfaction and I agree to the above policy.

Signature _____ Date _____