**Private Pay Admission Form**

Name of individual:

# Contact number:

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Date  |  |
| City, State, Zip |  | Allergies |  |
| Marital Status |  | Gender |  |
| Diagnosis if any |  | Date of Birth |  |

Identifying Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Height |  | Weight |  |
| Eye Color |  | Hair Color |  |
| Race/Ethnicity |  | Distinguishing Marks |  |
| Smoker |  | Eyeglasses |  |
| Pets |  | Emergency Contact Phone number |  |
| Emergency Contact Name |  | Emergency Contact Phone email |  |

1. Services to be provided in the neighborhood (5-7 mile radius) include:
2. Services to be provided out of the area (8 miles or more) include:
3. Questions/ Concerns
4. How did you hear about us?
* Rate is $55/ hour with a minimum of 6 hours for services.
* Invoices are sent out weekly/ monthly

Electronic Signature Date

*The signee agrees that this is a legal binding contract by typing their name on the line and agrees to pay invoices.*