



Client information form and financial terms

Please fill out the following information for our permanent records. Please print legibly.

Client name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's phone: \_\_\_\_\_

Alternate contact (name & phone) \_\_\_\_\_

Payment is due upon discharge of the patient, or when services are rendered, unless other arrangements are made in advance. We accept cash, checks, Visa, Master Card, Discover, and Care Credit.

A 50% deposit may be required at the time of discharge on all procedures requiring extensive surgery and/or hospitalization.

Accounts are due 30 days from date of invoice unless otherwise indicated. A finance charge of \$4.50 per month will be charged on the unpaid balance of past due accounts.

Should it become necessary to turn this account over to a professional firm for collection, the undersigned agrees to pay an additional 33.3% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs. I understand this credit agreement will be kept on file by Ashley Valley Veterinary Clinic and will apply to all future transactions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_