



P.O. Box 644 • Powhatan, VA • 23139
Ph. (804) 598-3759 • Fax (804)598-1035

Client Information and Financial Policy

Please fill out the information below completely and accurately. All records are kept confidential. In the future, if anything changes, please call the office so we can update our records.

Name: _____

Address: _____

Email Address: _____ (for announcements and newsletters)

Phone - Home: _____ Work: _____ Cell: _____ Barn: _____

If mailing address above is a post office box, please list physical address below.

Street: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Employer: _____

Employer's Address: _____

Emergency Contact's Name: _____

Address: _____ Phone #: _____

Relationship: _____

- Payment of fees is due at the time of veterinary service. We accept payments in cash, check, VISA, MasterCard, Discover and American Express. (Automatic credit card payment forms are available)
- Returned Checks - A fee of \$ 35.00 is charged for each check returned for non-payment.
- Retail Sales - Any customer pickups should be paid at the time of the pickup.
- All clients less than 18 years of age, must have their parent or guardian take full responsibility of the account with the account in the parent or guardian's name.
- Finance charges of 1.5% are required on all balances over 30 days past due. These rates are subject to change due to changes in economic conditions.
- Any collection costs incurred by the clinic including reasonable attorney and collection fees will be added to the clients balance and paid by the client.

I have read and understand the above financial policy.

Print Name: _____ Signature _____

Date: _____