

CLIENT INFORMATION

Middletown Animal Clinic

Owner Information

Name		SSN #	
Address			
City		State	Zip
Home Phone		Cell #	Work #
Email Address		Employment	
Spouses Name		SSN #	
Employment		Work #	

Pet Information

Name			
Breed			
DOB			
Color			
Gender			
Altered (Y/N)			
Health Issues			
Current Meds			
Previous Veterinarian		Phone #	

How did you hear about us? (Please check by all that apply)

Yellow Pages	
Angie's List	
Drive-by	
Referral (If so, who?)	
Google	

FINANCIAL POLICY: To keep costs down, we do require payment at the time of service. You may be asked to leave a deposit if your pet is hospitalized. Thank you for your cooperation.

I AGREE, THAT IN THE EVENT OF NON-PAYMENT, TO BEAR THE COST OF RECOVERY.

Signature _____ Date _____

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Middletown Animal Clinic

FINANCIAL POLICY

Thank you for choosing Middletown Animal Clinic. We are committed to providing the best care for your pets, making it a positive experience for everyone.

Payment Policy: We ask that you carefully read through our financial policy and sign at the bottom prior to treatment. Full payment is required at the time of service, unless prior arrangements have been made with our Account Receivable Team. We accept **CASH, CHECKS, VISA, MASTERCARD AND DISCOVER.**

Interest Policy: Interest as the rate of 1.5% per month or 18% per annum will be charged on all balances unpaid after 30 days.

FINANCIAL AGREEMENT

I agree to pay the total amount owed to Middletown Animal Clinic for services rendered to my pet(s). In the event of non-payment I agree to pay in full the cost of collection (determined by the collection company) which will be added to the remaining balance when the account reaches delinquency status. I also agree to pay all costs related to attorney and court fees. I agree to pay all interest charges (stated in interest policy above).

To my knowledge, all information stated on this form is true, correct, and may be used by a collection company if necessary.

I have read the above financial agreement and will honor making a monthly payment on any outstanding balances left on my account. I understand that if I do not make monthly payments on my account that my account will be automatically turned over to the collection company after ninety days of non-payment.

Print Name: _____

Signature: _____ Date: _____