



Barry Veterinary Hospital, Inc.
Confidential Information and Agreement

Primary Client's Name: _____ Date: _____

Secondary Client's Name: _____ Spouse/Family/Friend/Other

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Other Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about us?

Friend/Family/Neighbor Who? So we can thank them? _____

Barry Team Member Who? So we can thank them? _____

Google Yelp Facebook Community Event _____

Shelter Which one? So we can thank them? _____

Rescue Group Which one? So we can thank them? _____

Additional Persons Authorized to Bring Pet(s) in for Treatment: _____

Responsible Party Authorization

In all cases, professional fees, product purchases, all costs related to treatment, testing, grooming and boarding are the responsibility of the client, spouse or co-owner of animal(s).

There will be a \$25 charge on all returned checks.

Payment is expected in full at the time of services rendered. In the event that a payment plan is agreed to in advance by the Hospital Manager, finance charges if not paid in 30 days of billing date (no finance charge if paid as agreed) are computed by a periodic rate of 1.5% per month, which is an annual percentage rate of 18%, applied to the previous balance without deducting current payments and/or credits appearing on any given bill. Upon default in the payment of any bill, the above rate will be charged on the unpaid balance at 1.5% per month until the delinquency is paid. The client or responsible party(s) further agree to pay any and all collection fees incurred.

Signature _____

Date _____