

WELCOME TO SUMMIT VETERINARY HOSPITAL

Client Name: _____ Spouse's Name _____

Mailing

Address: _____

Number Street City ZIP

Street Address

Required: _____

Number Street City ZIP

Telephone: _____

Home Work Spouse's Work

Email: _____

Employer: _____ Spouse's Employer _____

Driver's License #: _____ Spouse's Drivers License _____

Emergency Contact: _____

Name Phone

All fees are due and payable at the time of the visit or when the animal is discharged. We accept VISA, MASTERCARD, personal checks and cash. For returned checks a \$20.00 service charge will be charged back to the account in addition to the amount of the check and any bank charges and collection fees. There will be a 1.5% per month or 18% per year finance charge added to all balances that are 30 days past due in addition to a \$5.00 statement fee added to the unpaid balance each month. If the account goes to collection, an additional 30% of the unpaid balance will be added to the account to cover collection agency costs.

I understand that I am financially responsible for all charges or services that I have requested or authorized.

Signature of responsible party _____

Date _____

How did you hear about us? _____