

GLENWOOD FALLS ANIMAL HOSPITAL

NAME _____ HOME PHONE _____
Last First

EMAIL ADDRESS _____ @ _____

MAILING ADDRESS _____
Street (Apt #) City Zip

WORK # _____ DRIVER'S LICENSE # _____ MOBILE/ PAGER # _____

EMPLOYER _____
Name Street City Zip

SPOUSE/ CO-OWNER _____ PHONE # _____
Last First

EMAIL ADDRESS _____ @ _____

WORK # _____ DRIVER'S LICENSE # _____ MOBILE/ PAGER # _____

EMPLOYER _____
Name Street City Zip

PREVIOUS VETERINARIAN: _____ PHONE # _____

REFERRED BY _____
(name of person, yellow pages, sign, mail, etc.)

_____ I authorize Glenwood Falls Animal Hospital to request my pet's vaccination history if needed.
(initials)

I hereby authorize Glenwood Falls Animal Hospital to examine my pet and render treatment, prescribe medications, perform surgery, or care for my pet as agreed upon between myself and the doctor/staff. I understand that during examination/treatment a trained technician may be asked to hold my pet in order to assist the doctor. If I decline and insist on restraining my own pet, I will not hold Glenwood Falls Animal Hospital, its doctors, and staff liable in the event that I should be bitten, scratched, or sustain any other injury. I also understand that for the comfort of my pet, the safety of myself, and the safety of the hospital staff it may be necessary to perform some procedures in another area of the hospital without my presence. This includes radiographs, surgery, obtaining laboratory samples and so forth. I further understand that veterinary services and the continuous presence of qualified personnel may not be provided around the clock for twenty-four (24) hour supervision and that, on the judgment of the veterinarian in charge, a transfer of your pet to an area emergency hospital or specialist may be recommended.

The Financial Policy continues on the back of this page.

Signature of Owner/Responsible Party (Required) DATE

Thank you for giving Glenwood Falls Animal Hospital the opportunity to care for your pet!

Clinic use only- updated: _____

Financial Policy

Payments: Glenwood Falls Animal Hospital accepts the following forms of payment: Cash, Check, Travelers Check, and Credit Cards. Unless other arrangements are approved prior to treatment the balance on your invoice is due at the time of services, and is past due if not paid within 30 days of initial service.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to your account. The **FINANCE CHARGE** will be computed at the rate of one and a half percent (1.5%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen percent (18%). The finance charge on your account is computed by applying the periodic rate (1.5%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is \$.50.

Monthly Statements: If you have a balance on your account, we will send you a monthly statement until the balance is paid in full. A **STATEMENT FEE** of two dollars (\$2.00) per statement will be added to your account for each statement that is prepared. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank. Also, if the returned check is not reimbursed the check will be issued to the Harris County, Pct. 4 JP and you agree to pay the returned check fee, any registered mail cost, receipts, and court cost.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If our collection company must refer any of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Harris County, Texas. At any time that an account is past due Glenwood Falls has the right to suspend all services until further notice.

Transfer of Medical Records: If an account is in good financial standing records will be transferred to another hospital or boarding facility at your request. If a balance remains on an account the balance will have to be paid, in full, in order to have records transferred or for you to receive a copy of your pet(s) medical records.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the person authorizing treatment for the animal will be the person responsible for those subsequent charges. If the divorce decree requires the other party to pay any or all of the treatment costs, it is the authorizing party's responsibility to collect from the other party.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Animal's Name: _____

Name of responsible party: _____

Signature: _____ Date: _____