

BOLLINGER COUNTY VETERINARY SERVICE

Client Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell #: _____

Email address: _____

Driver's License #: _____

Employer: _____

Employer Telephone #: _____

Spouse: _____

Spouse's Employer: _____

Spouse's Employer #: _____

Name and Phone # of Emergency Contact: _____

Who referred you to our clinic? _____

Payment in full is expected when services are rendered. I will be paying today by cash, Visa, Mastercard, Discover, check, debit. (please circle one)

I agree to pay any and all charges on my account with Bollinger County Veterinary Service. I also understand that if this account is not paid as agreed, this account will be subject to being turned over to a collection agency. If this account is turned over to a collection agency, I agree to pay all court costs and legal fees associated with collecting on this account. I also agree to pay any collection agency fees, which can be up to 30% of the principle balance.

Signature: _____ Date: _____