

Welcome to the Village Veterinary Clinic

Boarding & Grooming

ID# _____
(office only)

#1 - Owner(s) _____ F M Driver's License _____
(Last, First M.I.) (State, Number, Expiration)

#2 - Spouse _____ F M Driver's License _____
(Last, First M.I.) (State, Number, Expiration)

Email Address: _____

Physical Address: _____
(Street, City, State, Zip)

Mailing Address: _____
(if different from physical address)

Home Phone _____ #1's Cell _____

#1's Work # _____ #2's Work # _____ #2's Cell _____

Owner's Employer _____

Owner's Employer's Address _____
(Street, City, State, Zip)

Spouse's Employer _____

Spouse's Employer's Address _____
(Street, City, State, Zip)

#1's Social Security # _____ #2's Social Security # _____
(Number) (Number)

Permission to use photos of your pets on VVC web pages _____ **Yes** _____ **No** (please initial)

Referred by: _____

Please List Your Pets

DOG	CAT	Other	Pet's NAME	DOB	Age	Female / Male	Altered Yes No	Breed	Color
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			

Payment is due at the time of service. Thank you.

Owner's / Spouse's Signature _____

Date _____

Village Veterinary Clinic

3883 Constellation Road | Lompoc CA 93436 | Phone 805.733.3548 | Fax 805.733.3540

Financial Policy

Thank you for choosing VILLAGE VETERINARY CLINIC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. VILLAGE VETERINARY CLINIC requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa[®], MasterCard[®] or Discover Card[®]
- Convenient Monthly Payment Plans¹ from CareCredit[®]
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

Deposit & Billing:

For some treatments or hospitalized care, a deposit will be required. Healthcare plans requiring comprehensive care of more than \$1,000 or more, will require a 50% deposit to begin your pet's treatment. We charge 1.8% interest on all outstanding account balances older than 30 days. If you have an account 90 days past due, VILLAGE VETERINARY CLINIC may relinquish your balance owed to our attorney or a collection agency.

Additional Policy Information:

VILLAGE VETERINARY CLINIC charges \$25 for returned checks.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client ID #

Client/Owner Name (Please Print)

¹Subject to credit approval