

# The Village Animal Hospital

## Dr. Beatriz Segarra, DVM

### Client Information

Last Name:	First:	Spouse:
Address:		
City:	Zip Code:	DL#:
Home Phone:	Cell:	Work:
Email:	Referred by:	

### Patient Information

Name:	Cat	Dog	Breed:
Color:	Female	Male	Spayed Neutered
DOB:	Last Vaccine Date:	Former Clinic:	
Medical Conditions/Allergies:			
Heartworm Prevention:		Flea Prevention:	

### Patient Information (additional pets)

Name:	Cat	Dog	Breed:
Color:	Female	Male	Spayed Neutered
DOB:	Last Vaccine Date:	Former Clinic:	
Medical Conditions/Allergies:			
Heartworm Prevention:		Flea Prevention:	

### Payment Information

How will you pay today:    Cash / VISA / MasterCard / Discover / Check / Care Credit
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### Carefully Read and sign below:

I understand all services are to be paid at the time services are rendered. I also understand TVAH does NOT have a payment plan. There is a \$30.00 service charge on all returned checks. A \$10 fee will be added monthly to each account with an outstanding balance. All unresolved accounts will be sent to collections after 90 days. All accounts that are turned over to a collection agency will incur a minimum of 33.33% in additional fees. I also will be held responsible for all collection fees incurred, including court cost, attorney fees and any additional costs TVAH has to cover.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_