



## New Client Form:

(Please Print)

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

### Additional Contact 1:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Authorized to treat pet? yes \_\_\_ no \_\_\_ Initial Here: \_\_\_\_\_

### Additional Contact 2:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Authorized to treat pet? yes \_\_\_ no \_\_\_ Initial Here: \_\_\_\_\_

How did you hear about us? Newspaper \_\_\_ Hospital Sign \_\_\_ Personal Recommendation \_\_\_ Internet Search \_\_\_ Other \_\_\_

Method(s) of payment for services accepted – Cash, Check, and/or most Major Credit/Debit Cards (Transaction Fee may apply). All payments are due at the time of service, unless prior arrangements have been made and confirmed with the practice owner. I am the responsible agent for this account and I understand that all procedures/surgery/anesthesia/treatments have inherent risks and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the service is initiated. Should unexpected life-saving emergency care ever be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care; unless an explicit decline for such services has been made prior to the event. If I fail to follow the agreed upon terms or fail to render payment when due for services, I agree to pay a monthly a financing fee equal to 1.5% (18%APR) + monthly handling fee, on any unpaid balance; with an agreement to pay at minimum \$150.00 per \$750 debt, monthly. If for any reason I fail to fulfill this agreement of monthly payments; I may be notified via mail or telephone, and come to an agreeable settlement. If settlement is not made, then the hospital and/or its proprietors may follow any and all applicable means of collection, including collections agency, and/or court proceedings. It is agreed upon that responsibility will also be held for all associated fees including, but not limited to, legal fees, court fees, investigatory fees, collection agency fees and monthly service fees. In accordance to hospital administrator, if your account is deemed to be in default then all applicable fees of collection, penalties, and may reverse any and all discounts within the last 12 months of services, including these within the collection amount. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within three days of receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a manner that is in the best interests of the pet and the hospital, thus forfeiting client ownership of the pet, but not forfeiting the incurred service charges/fees. In closing I release DownHome Veterinary Clinic, LLC and its agents from any and all liability in the care of my pet, with the exception of gross negligence and/or abuse. By signing the below I acknowledge I am over the age of 18 years and acknowledge the responsibilities of my pets care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_