

# CLIENT INFORMATION SHEET

**Thank you for choosing Lahontan Valley Veterinary Clinic**

Name: \_\_\_\_\_ Spouse/Significant other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Street Address(If different from mailing address): \_\_\_\_\_

Telephone info: Cell(self) \_\_\_\_\_ Cell(spouse/sig.) \_\_\_\_\_

Home \_\_\_\_\_ Work(self) \_\_\_\_\_ Work(spouse/sig) \_\_\_\_\_

Employer: Self \_\_\_\_\_ Employer(spouse/sig) \_\_\_\_\_

Birthdate: Self \_\_\_\_\_ Birthdate(spouse/sig) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Others allowed to request services/medications and/or bill to my account(if applicable) Must be at least 18 years old:

3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

**\*\*Please be advised that it is your responsibility to come in and remove someone listed above if they are no\*\***

**\*\*longer allowed to request services/medications or bill to your account. Phone calls will not be accepted.\*\***

**I understand and agree that payment for services rendered by Lahontan Valley Veterinary Clinic is expected after each visit. I also understand that Lahontan Valley Veterinary Clinic is not staffed 24 hours a day, and my pet(s) will not have overnight medical supervision.**

How will you be paying for each visit?

Cash  Check  Mastercard  Visa  Discover  Care Credit

If paying by check we have a \$30.00 return check fee for any check that is returned unpaid.

**If prior arrangements have been made for payment the following will apply:**

Any unpaid balances will be billed on a monthly basis. Any balances unpaid for more than 30 days are subject to an 18% interest charge. **A payment on account is due a minimum of every 30 days.** If no payment is received within **60 days** this account will be turned over to small claims court or our collection agency.

You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all cost and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

I also understand that by signing below this contract will remain in affect until further notice. This contract will cover any and all services rendered by Lahontan Valley Veterinary Clinic for any animal on file with you.

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