

PRAIRIE VIEW ANIMAL HOSPITAL

Client Update Information Form:

Name: _____

Spouse (alternate account holder): _____

Address: _____

City/State: _____ Zip: _____ County: _____

Phone: _____ Cell Phone: _____

Email address: _____

Place of employment: _____

Place of employment (spouse): _____

Work phone: _____ Work phone (spouse): _____

Patient Information

Patient name: _____ Breed of Pet: _____

Sex of Patient: Male Female Has patient been spayed or neutered? Yes No

Date of Birth? _____ Color or Markings: _____

Credit & Collection Policy

- 1) All charges are expected to be paid in full at the time of services.
- 2) A monthly payment plan may be set up with a Doctor's approval. A payment agreement form must be completed and signed by the person(s) financially responsible for the account.
- 3) A finance charge of 18% APR (1.5% per month) is applied to any balance that is over 30 days old.
- 4) Monthly payments are required to keep the account current.
- 5) Any accounts greater than 120 days without a payment are subject to referral to our collection agency and will be charged a collection fee of 33% of the balance.
- 6) A \$20.00 no show fee, which will be donated to the TAILS Humane Society, will be applied for every missed appointment.

I have read and understand the above credit and collection policy and agree to the terms.

Account Holder Signature: _____ Date: _____
Person financially responsible for account

OPTIONAL:

Social Security #: _____ and/or Driver license no. _____

Alternative Account Holder Signature: _____
Secondary person financially responsible for account

OPTIONAL:

Social Security #: _____ and/or Driver license no. _____