

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

**Client Information:**

First Name: Last Name: DOB:

Spouse First Name: Spouse Last Name:

Address: City:

State: Zip: County:

Primary Phone Number: Spouse Phone:

Email: SSN:

How would you like to receive reminders? q Post Card q E-mail q Text:

 (Preferred Number)

**Patient Information:**

Patient Name: Estimated Age or DOB:

Sex: qMale q Female Is your pet spayed or neutered?: q Yes q No q Not Sure

Species: Breed: Color:

Does your pet have any known allergies?

What is the reason for your visit today?

How did you hear about us?

**Informed Consent:**

I certify that I am 18 years of age or older and am legally financially responsible for the treatment my pet receives at Red Bud Veterinary Service, P.C.. I will assume responsibility for all charges incurred while my pet is in the care of this facility. I understand that full payment is required at the time of services rendered, and that a deposit may be required in the case of boarding or hospitalization. I also understand that if my bill is not paid at the time of service, my account will accrue service fees and/or interest until the amount is paid in full. I agree to pay any and all fees associated with late payment. In the event of default on the balance due, Red Bud Veterinary Service, P.C. may, after providing all notices by law, exercise any and all rights as a secured party per the uniform commercial code.  Should the outstanding balance be referred to a 3rd party collection agency for collections, I agree to pay all actual costs of collection including the fee up to 30% of the debt and/or reasonable attorney fees and interest to be accrued at the annual rate of 10% (9% or greater) per annum.

Signature: Date: