WELCOME TO THE COLVILLE ANIMAL HOSPITAL

Please complete in full:

NAME			
Client's Birthdate	Driver's License#		
Mailing Address	City	State	Zip
Home phone			
Employer(Give business name if self en	Phone #		
Spouse/other name			
Birthdate	_ Drivers License#		
Employer(Give business name if self	Phone	e#	
May we contact you by e-mail? Yes]No□ e-mail address		
I authorize photos of my pet(s) to app Yes□ No□	ear on the Hospital's website	e and/or Faceboo	k page.
→ → Payment is expec	ted at the time of eac a, Master Card, American Expr	And the second contract of the second contrac	
All credit arrangements MUST be n	nade in advance of treatmen John Deere Financial	t by means of a p	re-approved
I understand that I am finance animals that I present to			
I further understand that if credit arranupon acceptable credit history. Should responsible for and agree to pay all coservice fees, etc. Venue shall be in Stunpaid balances accrues at 18% per anwill be charged on all accounts over 60	d legal action become necess osts of collection, including at evens County. Colville Anim nnum. In addition to interest,	ary, I understand ttorney fees, coun al Hospital accou	that I am t costs, nt interest on
Signed		Date	