

Client Information Form
New Baltimore Animal Hospital
5296 Lee Highway, Warrenton, VA 20187

Full Name: _____ Social Security#: _____

Spouse Name: _____ Social Security #: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Your Employer: _____ Work Phone: _____

Address: _____ City, State, Zip: _____

Spouse Employer: _____ Work Phone: _____

Address: _____ City, State, Zip: _____

Local Emergency Contact: Relative or friend that can make decisions for you if your pet is injured and we cannot reach you.

Full Name: _____

Home Phone: _____ Work Phone: _____

Address: _____ City, State, Zip: _____

Payment is due at the time of service unless other arrangements are made in advance.

Preferred Payment Method: ___ Cash ___ Check ___ AmEx ___ Discover ___ MC ___ Visa

I clearly understand and agree that all services rendered my pet are charged directly to me and that I am personally responsible for payment. If collection actions are initiated for any past due amounts, I agree to pay collection fees. I understand that a \$5.00/month billing charge will be added to any outstanding balance. In addition, interest at the rate of 24% per annum will be charged on any past due amounts. A \$25.00 charge will be assessed for any returned checks. I understand that while NBAH will endeavor its best efforts on my pets behalf, there are no guarantees associated with the veterinary care. I further agree that any claim I may have against NBAH shall be limited to the payments I have made for the services rendered.