

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

Full Name: _____

Spouse Name: _____

Drivers License#/Social Security#: _____

Spouse License#/Social Security#: _____

Street Address: _____

Mailing Address: _____

Home#: _____ Cell#: _____

Work#: _____ Spouse Work#: _____

Email Address: _____

Send Reminders by Email: Don't send Reminders by Email:

Email information will not be shared outside of New Baltimore Animal.

Employer: _____ Address: _____

Spouse Employer: _____ Address: _____

Local Emergency Contact: Relative or friend that can make treatment decisions for your pet treatment if you cannot be contacted.

Full Name: _____ Relation: _____

Home Phone: _____ Cell/Work: _____

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

Preferred Payment Method: Cash Check AmEx Discover MC Visa

If you would like to keep a credit card number on file please initial here _____

Account#: _____ Expiration Date: _____

I clearly understand and agree that all services rendered to 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 \$6.00/monthly 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 NBAH will endeavor its best efforts on my behalf, however 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.

Signature: _____ Date: _____ 5/10/07