



County Seat Veterinary Hospital Client Information Form

Thank you for giving County Seat Veterinary Hospital
the opportunity to care for your pet!

Please fill out the following information which will help ensure that your pet's medical record is accurate.

Owner Information

Owner's Name: _____ Mailing address: _____

Social Security # or Driver's License #: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Co-Owner: _____ Work Phone #: _____

Social Security # or Driver's License # _____

Occupation: _____ Email Address: _____

How did you become aware of our Hospital?

Yellow Pages

Location

Previous Pets

If referred to us by a specific client, who may we thank for this referral? _____

Pet Information

Pet Name	Species	Breed	Color	Birthdate	Sex	Spayed/Neutered	Indoor/Outdoor

Previous Veterinarian or Clinic: _____

Is your pet current on vaccinations? ___Yes ___No

Does your pet have any existing medical conditions that we should be aware of? If so, what is the condition so we can include it in our medical records: _____

Is your pet on Heartworm Prevention? ___Yes ___No If yes, ___Year around ___Seasonal

THE FINANCIAL POLICY OF COUNTY SEAT VETERINARY HOSPITAL

Thank you for choosing County Seat Veterinary Hospital. Our primary mission is to deliver the best and most compassionate veterinary care available to your pet. Furthermore, we are committed in making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. County Seat Veterinary Hospital requires payment in full at the end of your pet's visit and/or at time of discharge. We only ask that you understand your responsibility and for the payment of your account balance.

Our basic financial policy is the following:

FULL PAYMENT IS DUE AT THE TIME OF SERVICE

- WE ACCEPT CASH, MONEY ORDER, VISA/MASTERCARD, AMERICAN EXPRESS or DISCOVER
- WE OFFER CONVENIENT MONTHLY PAYMENTS FROM CARECREDIT and SCRATCHPAY
 - ALLOW YOU TO BEGIN TREATMENT TODAY AND PAY OVER TIME
 - AVAILABLE FOR ANY TREATMENT AMOUNT
 - CAN BE USED REPEATEDLY FOR YOUR ENTIRE FAMILY WITHOUT REAPPLYING
- IF YOU HAVE PET INSURANCE, WE ARE HAPPY TO PROVIDE YOU WITH THE NECESSARY DOCUMENTATION TO SUBMIT A CLAIM TO YOUR INSURANCE COMPANY. BUT IN NO WAY ARE RESPONSIBLE FOR YOUR AGREEMENT WITH THE INSURANCE PROVIDER.

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500.00 will require a 50% deposit to begin your pet's treatment.

YOUR OBLIGATION

All customers are responsible for full payment at the time of service unless specific arrangements are made prior to the start of your pet's treatment. You are responsible for payment regardless even if a final bill is not completed at time of your visit.

CLIENT RESPONSIBILITY AND ADDITIONAL TERMS

Accounts unpaid after 45 days from day of service are subject to a delinquent fee of \$35.00. Furthermore, the unpaid balance is subject to a 1 ½% monthly (18% Annual) finance charge. If we have to submit your unpaid account to a collections service, you will be responsible for all charges our practice incurs; including late fees, finance fees, collection cost, staff costs, court filing fees and reasonable attorney's fees. Any returned checks or credit card payments will carry a \$35.00 service charge.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. If you have any question about our Financial Policy, please consult our office staff before signing.

I have read the Financial Policy. I understand and agree to the terms of County Seat Vet. ***A picture ID is also required with your signature.***

Client/Pet Owner Name

Pet Name

(Initial)_____
Client Form Completed

Client/Pet Owner Signature

Date