

HomeTown Animal Hospital

SERVICE • COMPASSION • INTEGRITY

CLIENT INFORMATION SHEET

Name: _____ Spouse: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Place of Employment: _____ Work Phone: (____) _____

Driver's License Number: _____ State Issued: _____

Email Address: _____

How did you find out about HomeTown Animal Hospital

(Please circle one of the options below)

Humane Society Doctor/Staff Location Newspaper Ad On-line
Pre-Existing Client Theater Ad Yellow Pages Other: _____

Friend/Family (Whom may we thank): _____

Do we have your permission to use photos of you and your pet for display in our clinic or on-line? _____ Yes _____ No

I hereby authorize the Doctors of HomeTown Animal Hospital, to examine, prescribe for, and/or perform surgery upon the animal(s) I bring in for care. I agree to pay for all services performed at the time they are rendered.

Signature of Owner/Agent: _____ Date: _____

Hometown Animal Hospital
Dr. Scott L. Davis, DVM
Dr. Amy N. Achille, DVM
Dr. Rachel M. Williams, DVM
Dr. Mike J. Palmer, DVM
1255 NE 3rd Street
Prineville, OR 97754
(541) 447-5219

FINANCIAL POLICY

This is an agreement between Hometown Animal Hospital, as creditor, and the Debtor named on this form.

In this agreement the words "you", "your", and "yours" mean the Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us", and "our" refer to Hometown Animal Hospital.

By executing this agreement, you are agreeing to pay for all services and charges that are received.

Payments:

All amount owed is due at time of service. We offer special financing through Care Credit, if approved, they offer no interest plans for 6 months if invoice amount exceeds \$200. Unless other arrangements are approved by us in writing, the balance on your invoice is due and payable at time of service.

Delinquencies:

For invoices that become past due, we will take necessary steps to collect this debt. If we have to refer you to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Crook County, Oregon.

Finance Charge:

A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time of service. The **FINANCE CHARGE** will be computed at the rate of one and a half percent (1.5%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The finance charge is computed by applying the periodic rate (1.5%) to the "overdue balance". The "overdue balance" is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied during that time. The minimum finance charge is \$2.00.

Returned Checks:

There is a fee (currently \$25) for any checks returned by the bank that will be applied to an invoice that is separate from Paytek Solution. If your check is returned, it may be re-presented electronically. You authorize service charges and processing fees, as permitted by state law, to be debited from the same account by paper or electronically, at Paytek Solution.

Effective Date:

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Name of responsible party: _____

Signature: _____

Date: _____ HTAH Employee: _____