



Owners Name: _____ Animals Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work # _____ Home # _____

Species: _____ Breed: _____ Color/Markings: _____

Sex: _____ Spayed/ Neutered? Yes No Microchipped or Tattooed? _____

Date of Birth or est. age _____ Previous Vaccine Reactions? Yes No

Owners Email _____ Drivers License # (Required) _____

Method of Payment: **Cash** **Check** **Visa/MC/Discover/Amex** **Care Credit**

Please Note our Hospital's Financial Policies:

1. Payment is due in full at conclusion of visit/service. **WE DO NOT BILL.** Credit or payment plans must be obtained by owner through their bank or lending association. We do accept Care Credit. Shenandoah Veterinary Hospital **DOES NOT Extend Credit or Arrange Payment Terms.** ** All hospitalization and surgical procedure estimates are to be paid in advance **

(Initial)

2. I understand that failure to pay will result in full collection effort being taken and I will be responsible for all collection costs, including, but not limited to: Court Costs, Serving by private processor or sheriff, and any other fees incurred.

(Initial)

3. I understand that there is a returned check fee of \$30.00

(Initial)

Shenandoah Veterinary Hospital offers Premium veterinary care at reasonable prices. Our failure to enforce our financial policies would most definitely result in significantly increased costs of veterinary care. We sincerely hope you understand these policies. We are enforcing these policies in order to keep your veterinary medical expenses within reasonable limits.

Statement of Acceptance:

I have read the above referenced policies. I understand them completely and hereby give notice of my intention to fully adhere to their provisions.

Owner/ Agent Signature

Date