

Client Information

The following information is to be completed by individual who is financially responsible for the pet(s) listed below.

How were you referred to us? _____

Name: _____
(Please Print) Last First Spouse's first name Spouse's Cell #

Address: _____ City: _____ Zip: _____ County: _____
Physical location; no PO Box #

Home phone: _____ Cell: _____ e-mail: _____

Social Security #: _____ Driver's License #: _____

Employer: _____ Work Phone #: _____

Employer's Address: _____
Physical location City Zip

Spouse's Employer: _____ Work Phone #: _____

We invite you to participate in our online system. Features include:

- 1. Requesting appointments online
- 2. Confirming appointments via Email
- 3. Receive text message appointment reminders
- 4. Submit Client Satisfaction Surveys
- 5. Refer your friends online

Please check here _____ if you wish for us to provide these online services. Check here _____ for text messaging.

PET INFORMATION

Pet's Name	Breed	Color	Birthday	sex	spay/neutered?
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1. _____

2. _____

3. _____

Financial Payment Policies: As consideration for the Limestone Veterinary Clinic rendering services to the patient, the financially responsible party for the account agrees to pay all charges for services rendered at the completion of such treatment with payment due upon release of the patient. The financially responsible party for the account agrees to pay a reasonable attorney's fee, court costs, and any other cost of collection proceedings. A \$35.00 will be assessed on all returned checks. The doctors and receptionists to the extent possible will gladly give estimates. In some cases a deposit may be required.

I, the undersigned, have read the above comments, statements, and releases and I have executed same voluntarily.

Signature of responsible party

Date