

DATE: _____



Country Critters Veterinary Hospital
9100 S. 800 W.
Daleville, IN 47334

Doctor Preference: Dr. Eddleman
 Dr. Busick
 Dr. MacQueen

Owner Info

Owner's Name: _____ Home Ph#: _____ Cell#: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Owner's Birthday: ___/___/___ Work Ph#: _____ Ext: _____

*SS# & Driver's License Information are **Required if you are writing a check. We must also scan a Photo ID.**
Please know that we cannot accept a check without this information. Thank You.

SS#: _____ - _____ - _____ Driver's License #: _____ DL Expires: ___/___/___

E-mail _____ How did you hear about us? _____
(Client Referrals get Credit!)

Emergency Contact: _____ Relation: _____ Ph#: _____

Consent for Treatment & Financial Agreement

Consent for Medical Services & Treatment

I consent to treatment, diagnostic and/or therapeutic services
as ordered and/or provided by CCVH for my pet.

Financial Agreement

The undersigned individually obligates him/herself and guarantees prompt payment of all charges for services rendered to the patient. A minimum fee of \$35 will be charged for each returned check. The maximum permitted by law is the greater of \$40 or 5% of the face amount of the check. The check writer is also responsible for all the cost of collection.

Payment of balance is due when services are rendered. If payment is not received within 30 days from the date of services, finance charges will begin to accrue at the maximum rate allowable by law (currently 21%). In addition, such balance may be turned over the collection activity, at which time the undersigned shall be liable for attorney's fees, court costs, and/or collection agency's fees and expenses. The undersigned understands that CCVH has the right to examine credit bureau files for financial information regarding collection of unpaid debt. In addition, there will be a \$5.20 statement fee for each statement sent to cover expenses.

Signature of Client or Agent

Print Name

Date

Correct in Computer ID Scanned