

Catoctin Veterinary Clinic

New Client Information Sheet

Responsible Party:

Name _____

Address _____

How to reach you:

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

Email _____

(Please mark #1 next to best way to contact you- phone or email)

Additional owners or responsible parties (Please give name and contact info.)

Whom may we contact in addition to yourself in case of emergency?

Is anyone in your household allergic to medications, foods, pets, etc? Please specify.

How would you prefer to be reminded of upcoming due vaccines? Postcard or Email

Pet Information

Name _____ Breed _____

Date of Birth _____ Color(s)/Markings _____

Sex: Male _____ Neutered? _____ OR Female _____ Spayed? _____

How did you learn about Catoctin Veterinary Clinic?

Payment/ Financial Policy

Catoctin Veterinary Clinic expects full payment to be made at the time services are rendered.

Your account will be charged a **\$35 fee** for any checks returned due to non-sufficient funds.

In the event that a balance is accrued, Catoctin Veterinary Clinic will assess a **monthly finance charge of \$6.00 or 1.5%**, whichever is greater.

Delinquent accounts that are sent for collections or taken to Small Claims Court will be assessed an **additional charge of \$110.00** to offset the additional administration costs.

I have read and understand the above payment/financial policy.

Client Signature

Date