



Client's Name:  Co-Owner:

Local Address:

Permanent Address:

Phone:  Cell:  Work:  Co-Owner:

Email:

Driver License/Social Security Number: Self:  Co-Owner:

Place of Employment: Self:  Co-Owner:

How did you hear about us? Social Media:  Website:  Customer Review Site (Yelp, etc):

Sign/Drive By:  Animal Shelter:  Newspaper/Magazine:

Referral:  Other:

If Referred, whom may we thank?

Primary Payment Method: Credit Card:  Cash:  Check:  Scratchpay:  Care Credit:

Payment is required at time of service. Accounts that are delinquent after 90 days may be subject to collection. Should the account be referred for collection, I agree to any and all reasonable attorney's fees not to exceed thirty-three percent (33%) of the balance sought, in addition to court costs.

I agree to pay all bills submitted to me resulting from services provided by College Mall Veterinary Hospital. Accounts over thirty days old will be charged a late fee of \$5.00 a month to offset provider's expenses in billing and collecting your overdue account prior to referring your account for collection by an agency or attorney.

Financially Responsible Party Signature	Printed Name	Date