

**WELCOME TO THE
COLVILLE ANIMAL HOSPITAL**

Please complete in full:

NAME _____

Client's Birthdate _____ Driver's License# _____

Mailing Address _____
Street City State Zip

Home phone _____ Cell phone _____

Employer _____ Phone # _____
(Give business name if self employed)

Spouse/other name _____

Birthdate _____ Drivers License# _____

Employer _____ Phone # _____
(Give business name if self employed)

May we contact you by e-mail? Yes No e-mail address _____

I authorize photos of my pet(s) to appear on the Hospital's website and/or Facebook page.
Yes No

⇒ ⇒ Payment is expected at the time of each service! ⇐ ⇐

We accept Cash, Checks, Visa, Master Card, American Express and Discover Card

**All credit arrangements MUST be made in advance of treatment by means of a pre-approved
John Deere Financial**

**I understand that I am financially responsible for any treatment rendered to
animals that I present to the Colville Animal Hospital for treatment.**

I further understand that if credit arrangements are necessary, credit can only be extended based upon acceptable credit history. Should legal action become necessary, I understand that I am responsible for and agree to pay all costs of collection, including attorney fees, court costs, service fees, etc. Venue shall be in Stevens County. Colville Animal Hospital account interest on unpaid balances accrues at 18% per annum. In addition to interest, a monthly billing fee of \$5.00 will be charged on all accounts over 60 days old.

Signed _____ Date _____