

BSVH BROAD STREET VETERINARY HOSPITAL

3320 West Broad Street Richmond, Virginia 23230 T-804 353 4491 F-804 358 9225

CLIENT INFORMATION

We require that all pets admitted to our hospital be current on vaccinations

Date: _____

Referred by: _____

Owner's Name:

First Middle Last

Street Address: _____

Apt #: _____

City: _____

State: _____

Zip: _____

own

rent

Home Address (if different from above)

Street Address: _____

Apt #: _____

City: _____

State: _____

Zip: _____

Home phone: _____

Cell: _____

Work: _____

Email Address: _____

Owner's Employer: _____

Work Address: _____

Work Phone: _____

Spouse/Co-owner:

first middle last

Co-owner Phone: _____

Cell: _____

Work: _____

Co-owner's Employer: _____

Hours of Operation

Monday – Friday: 7:30 am – 6 pm

Saturday: 8:00 am – 12 noon

Sunday: Closed

All professional fees are due at the time services are rendered.

We will gladly prepare a written estimate if requested.

We accept Master Card, Visa, Discover, American Express, Care Credit, cash and personal checks. Any outstanding balances will incur an 18% finance charge per annum, or 1.5% per month. Any balance over 60 days will incur a \$5.00 billing fee

signature owner _____

date _____

signature co-owner _____

date _____

identification verified (for office use only)

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I understand that payment in full is due from the date of purchases on my account; however I agree to pay a FINANCE CHARGE of 1.5% per month on balances over thirty (30) days past due, which is an ANNUAL PERCENTAGE RATE OF 18%. If my account is referred to an attorney for collection, upon said referral I agree to pay attorney's fee in the amount of thirty-three and one third percent (33 1/3%) of the total outstanding indebtedness (which includes, but not limited to, principal, accrued interest and late charges) then due and all costs of collection. I agree to pay aforesaid attorney's fees and costs of collection whether or not attorney files suit.

Thank you!

