



Employee Initials \_\_\_\_\_

Client ID# \_\_\_\_\_

# Cottonwood Veterinary Hospital

## Small Animal and Equine

### CLIENT INFORMATION FORM

Your Name: Last \_\_\_\_\_ First \_\_\_\_\_ Title \_\_\_\_\_

Spouse/Co-Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Physical Address (if differs from above) \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse/Co-Owner Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License \_\_\_\_\_ Issuing State \_\_\_\_\_

Employer \_\_\_\_\_

Referral (Who may we thank?) \_\_\_\_\_ or Other \_\_\_\_\_ (i.e. Location, Hospital Sign, Yellow Pages, Promotion, Emergency Clinic, Website/Facebook, Internet)

Would you like to receive vaccination reminders (Circle One)? Yes No

Do you have a preferred way to receive vaccination reminders (Circle One)? Email Text Mail No Preference  
\*\*DOCTORS WILL STILL EMAIL YOU WITH CLIENT UPDATES AND QUESTIONS.\*\*

Is your pet(s) allowed to be part of our Social Media (Facebook/Online Website) (Circle One)? Yes No

Pet's Name	Species	Breed	Color	Birthday/ Approx Age	Sex (Neutered/Spayed?)	Microchip #

Previous Veterinary Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

What brand of food do you feed your pet(s)? \_\_\_\_\_

#### FINANCIAL INFORMATION

I hereby authorize Cottonwood Veterinary Hospital to provide treatment for the above described animal(s) and understand that I am financially responsible to Cottonwood Veterinary Hospital for all charges incurred during or as a result of my pet's visit. I agree to pay all charges promptly upon presentation thereof unless prior credit arrangements have been agreed upon in writing.

I agree to pay all service charges, collection, legal and court fees in the event it becomes necessary to pursue my account for collection. I have read, understand and agree to all terms of the Care and Payment Policy on the reverse of this form. I am entitled to a copy of this agreement at the time I execute said agreement and hereby acknowledge receipt of this form. I give my permission to Cottonwood Veterinary Hospital to release vaccination information to other veterinarians, city or county officials, kennels or groomers.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_



# Cottonwood Veterinary Hospital

## Small Animal and Equine

Thomas Jakob, DVM

Megan Puchlerz, DVM

450 Cottonwood Road, Bozeman, MT 59718

Phone: (406) 582-0555 Fax: (406) 582-4496

### CARE AND PAYMENT POLICY

1. Payment in full is due at time of service.
2. We accept payment via cash, check, Visa, MasterCard, Discover and American Express. Sorry, we do not accept out-of-state checks. For all check and credit card payments we require a copy of your driver's license.
3. We offer interest free payment plans through CareCredit that allow you to begin treatment, if you qualify.
4. A deposit of 30-50% will be required for all major surgeries and/or hospitalization. The deposit is due at the time the patient is admitted. The entire balance is due at the time of discharge.
5. Emergency cases require a minimum deposit of \$150 before we can begin extensive medical procedures. Emergency first aid may be initiated immediately without a deposit (if necessary to minimize acute pain or save an animal's life).
6. A billing charge of \$3.00 per month for billing and postage costs will be added to all open accounts if not paid within 30 days.
7. A finance charge of 1.50% per month (equivalent to 18% annually) will be charged to all accounts not paid in full within 30 days.
8. Additional services will not be provided or charged to accounts with outstanding balances older than 30 days.
9. There will be a \$30 fee for returned checks.
10. Should your account be referred to an outside collection agency, you hereby agree to pay all collection costs, attorney fees and court costs.