



Employee Initials _____

Client ID# _____

Cottonwood Veterinary Hospital

Small Animal and Equine

NEW CLIENT INFORMATION FORM Updated 1.2.2022

Your Name (Please Print): Last _____ First _____ Title _____

Spouse/Co-Owner (Please Print): Last _____ First _____ Title _____

Street Address _____ Zip Code _____

City _____ State _____ County _____

Physical Address (if differs from above) _____

Home/Cell Phone _____ Work Phone _____ Alternate Cell Phone _____

E-mail _____

Social Security Number _____ Drivers License _____ Issuing State _____

Employer _____

Preferred Doctor? (Circle option if applies): Dr. Tom Jakob Dr. Jessica Kirkpatrick Dr. Jennifer Billman
Dr. Julie Kappes Dr. Kelli Johnson Dr. Anne Carroll

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

Are any of your pet(s) allowed to be part of our Social Media (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.****

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 any pet(s) I bring to CVH for services and understand that I am financially responsible to Cottonwood Veterinary Hospital for all charges incurred during or due to 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

Thomas Jakob, DVM Jennifer Billman, DVM Jessica Kirkpatrick, DVM
450 Cottonwood Road, Bozeman, MT 59718
Phone: (406) 582-0555
Fax: (406) 582-4496

Release of Medical Records and/or Radiographs:

Due to new rules established by the Montana Board of Veterinary Medicine, Cottonwood Veterinary Hospital **cannot** provide vaccination or medical information **verbally or electronically** to kenneling, grooming, or other veterinary facilities. Signature approval is needed for verifying and for legal requirements set by the state of Montana.

Name of pet(s) approved for future release:

Facilities Approved for Records Transfer:

I, _____, the owner of the above listed animals, authorize the release of my animals' medical records and/or radiographs to the above listed parties.

FINANCIAL PAYMENT POLICY:

Payment in full is due at time of service.

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. Debit cards will be accepted without surcharge fees. All credit card payments will have the processing fees surcharged to the client.

We offer interest free payment plans through CareCredit that allow you to begin treatment, if you qualify.

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.

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).

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.

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.

Additional services will not be provided or charged to accounts with outstanding balances older than 30 days.

There will be a \$30 fee for returned checks.

Should your account be referred to an outside collection agency, you hereby agree to pay all collection costs, attorney fees and court costs. The proper venue for any action filed to enforce the terms of this agreement will be Gallatin County, MT.

By signing below, I am personally guaranteeing payment of any and all amounts due on this Cottonwood Veterinary account. This includes the principal amount owed and all additional costs and fees of account collection including, but not limited to, attorney fees, collection agency fees that may be up to 50% of the amount owed, court costs, debit/credit card transaction fees, and interest at the highest amount allowed by law. These costs and fees are actual costs that are incurred, and these costs and fees result in a monetary loss due to Consumer's failure to pay.

Client Signature _____ Date _____