

# New Client Form

Full Name : \_\_\_\_\_

Spouse Name : \_\_\_\_\_

If you plan to write a check, we need your:

Driver's license # \_\_\_\_\_

Spouse's driver's license # \_\_\_\_\_

Street address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Send you reminders by email? \_\_\_\_\_ Do not send emails ? \_\_\_\_\_

Employer: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ -

Local emergency contact: Relative or friend that can make treatment decisions for your pet if you cannot be contacted:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone#: \_\_\_\_\_ Cell/work: \_\_\_\_\_

Payment is due at time of service unless other arrangements are made in advance.

Preferred payment method: Cash\_\_\_ Check\_\_\_ AmEx \_\_\_Disc\_\_\_ Visa\_\_\_ Care Credit \_\_\_

I clearly understand and agree that all services rendered to my pet are charged directly to me and that I am personally responsible for payment. If collection actions are initiated for any past due amounts, I agree to pay collection fees. I understand that a \$6.00 per month billing charge will be added to any outstanding balance. In addition, interest at the rate of 24% per annum will be charged on any past due amounts. A \$25.00 charge will be assessed for any returned checks. I also understand that NBAH will endeavor its best efforts on my behalf, however, there are no guarantees associated with veterinary care. I further agree that any claim I may have against NBAH shall be limited to the payments I have made for the services rendered

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_