

Milford Animal Clinic, P.C.

Thomas Smith, DVM & Jennifer Glasgo, DVM & Amber Kolberg, DVM & Mark Yoder, DVM

## 913 N. Higbee St./S.R. 15 North $\diamond$ P.O. Box 330 $\,\diamond$ Milford, IN 46542 (574) 658-4126 $\,\diamond$ www.MilfordAnimalClinic.com

## LARGE ANIMAL NEW CLIENT FORM

Full Name:			
	Last	First	. <i>M.I.</i>
Address:			
	Street Address		.Apartment/Unit #
	City	State	ZIP Code
Home Phone:		Social Security #:	
Email Address			
Driver's License #:		State:	
Spouse's Name:		Social Security #:	
Spouse's Driver's License #:		State:	
Place of Employment:		Work Phone:	
Spouse's Employment:		Spouse's Work Phone:	
Cell Phone#:		Spouse's Cell Phone:	
Person to Notify	in case of Emergency:		

Authorization: I understand that I am responsible for all costs of treatments. I hereby authorize the Veterinarian to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper care. I grant the right to the Veterinarian to release my medical histories and other information about treatment to other veterinary professionals.

**Service Charge:** If I do not pay the entire balance within 25 days of the monthly billing date, a service charge will be added to the account for current monthly billing period. The service charge will be a periodic rate of 1.5% per month (or a minimum charge of \$3.00 for balance under \$200.00) which is an annual percentage rate of 18% applied to the month's balance. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.

Signature\_

Date

Signature\_