



Everett Veterinary Hospital & Boarding House Inc.

Thank you for entrusting Everett Veterinary Hospital & Boarding House Inc. to care for your pets. We are very proud to be a team whose primary mission is to deliver the finest & most comprehensive animal health care available. We are dedicated to making this top-quality care as cost-effective as possible and therefore, we do not bill.

ACCOUNT POLICY

PAYMENT IN FULL IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

Payment Options

1. Cash

2. Checks & Money Orders

3. Visa /MasterCard charge cards/Debit cards

4. **CareCredit**—a financing plan we offer as a separate line of credit to cover your healthcare needs. For more information about CareCredit, ask our receptionist for a brochure. If you qualify, (based on credit approval), you can enjoy these benefits;

- Flexible financing options
- Credit eligibility usually only takes a few minutes and can be done here in the office or in the privacy of your home
- No annual fees or prepayment penalties

Please note, obtaining services without intent to pay will be considered “theft of services” and will be turned over to the Klamath Falls Police Department for prosecution.

Checks returned to us for NSF will result in a \$30.00 handling & collecting fee or as allowed by ORS chapter 30.701 and MUST be taken care of immediately.

A FINANCE CHARGE is applied to all accounts unpaid after 30 days. Finance charges are computed by a periodic rate of 2.08% per month, an ANNUAL PERCENTAGE RATE OF 24.9%. The minimum FINANCE CHARGE ON ACCOUNTS UNPAID AFTER 30 DAYS IS \$5.00 or WHICHEVER IS GREATER.

Unpaid accounts may be declared delinquent. These accounts will be referred to our collection agency. Any court, legal or processing fees necessary to collect funds due, will be added to your account balance.

We have allocated time for your pets care. If you are unable to keep a scheduled appointment, failure to give us 24-hour advance notice may result in a \$25.00 cancellation fee.

I hereby authorize the veterinarians to examine, prescribe for, or treat my pet(s).

I assume responsibility for all charges incurred in the care of my animal(s). I also understand that

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature _____ Date _____

Signature _____ Date _____

Your referral is our greatest compliment and we welcome your friends and relatives to our practice.
Remember, we're your best friend's, best friend.

Client # _____



EVERETT VETERINARY HOSPITAL
& BOARDING HOUSE INC

Client Information: (Please print)

FIRST NAME _____ M.I. _____ LAST NAME _____
 HOME PHONE _____ CELL/MESSAGE PHONE _____
 STREET ADDRESS _____ CITY _____ ZIP _____
 MAILING ADDRESS _____ CITY _____ ZIP _____
 E-MAIL ADDRESS _____ (This is how you will receive reminders)
 EMPLOYER _____ WORK PHONE _____

SPOUSE/OTHER _____ M.I. _____ LAST NAME _____
 EMPLOYER _____ WORK PHONE _____

**SSN & DL# are required for all non cash payments*

Pet/Patient Information:

Please provide our receptionist dates of the last vaccinations given to your pet(s) listed below, and a contact number of a previous veterinarian, owner or breeder _____

Dog	Cat	Other	Pet's Name	Age/DOB	SPECIES/BREED	SEX/N/S	Description/Colors

To prevent the spread of infectious diseases, all boarded and hospitalized patients need to be current on vaccines And free from internal and external parasites.

PLEASE LIST ANY EXISTING MEDICAL CONDITIONS OF YOUR PET _____

DOES YOUR PET (S) TRAVEL (OR HAVE TRAVELED) OUT OF THE AREA? _____ WHERE? _____

RELATIVE TO CONTACT IN CASE OF AN EMERGENCY: _____

CHILDREN & VISITOR NAMES _____

PLEASE LIST ANYONE ELSE WHO IS ALLOWED TO SEEK MEDICAL ATTENTION FOR YOUR PET (S), AND FOR WHOM YOU WILL ACCEPT FINANCIAL RESPONSIBILITY: _____

How did you hear about us? WEB SITE _____ PHONE BOOK _____ RADIO _____ TV _____ NEWSPAPER _____
OREGON TRAIL _____ PETCO _____ OTHER _____

FRIENDS (IF FRIEND, WHOM MAY WE THANK?) _____

PAYMENT IN FULL IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

HOW WILL YOU PAY TODAY? CASH _____ CHECK _____ VISA/MC _____ CARE CREDIT _____

(CONTINUED ON REVERSE)