

College Road Animal Hospital, PLLC Carolina Beach Animal Hospital

Client Information

Owner:	D.L. #	
Address:	City/ST/ZIP:	
Phone: (Home)	(Work):	(Cell):
Employer:	E-mail:	
Referred/Recommended By:		
Method of Payment: Cash [] Check [] Credit Card [] Care Credit []		

<p>It is expressly agreed that by leaving my animal in the care of College Road Animal Hospital (CRAH) or Carolina Beach Animal Hospital (CBAH), I authorize the attending veterinarian to treat my animal in accordance with CRAH and CBAH policy and authorize any emergency treatment which may be necessary. I further agree to be liable for the full amount of the bill and understand that the bill is due and payable when the service is rendered. I also understand that a periodic finance charge of 1.5% per month, which corresponds to 18% annually, will be applied to any outstanding balance after 30 days. I further agree that should collection proceedings be necessary, I will be liable for any and all collection costs including, but not limited to, court costs and attorney fees.</p>	
Signature _____	Date _____

Species:	Breed:
Sex: M [] MC [] F [] FS []	Date of Birth:
Color/Markings:	Animal's Name:

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