

**Roseville Veterinary Clinic  
Confidential Information and Agreement**

Client Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Phone \_\_\_\_\_

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

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Referral source \_\_\_\_\_

Persons authorized to bring pet(s) in for treatment \_\_\_\_\_

How to you plan on paying today?    Cash    Check    Check/Credit Card

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**Responsible Party Authorization**

In all cases, professional fees, product purchases, all costs related to treatment, testing, and boarding are the responsibility of the client, spouse, guardian, parents, or co-owner of the animal(s). There will be a \$30.00 charge on all returned checks.

**Payment is due in full at the time of service.** If, in the event that a payment plan is pre-arranged by management, finance charges are computed by a periodic rate of 1.5% per month, which is an annual percentage rate of 18%, applied to the previous balance without deducting current payments and/or credits appearing on any given bill. Upon default in the payment of any bill, the above rate will be charged on the unpaid balance at 1.5% per month until the delinquency is paid. The client or responsible party(s) further agree to pay any and all collection fees incurred, as well as legal expenses, including but not limited to collection agency costs, attorney fees, all court related costs, service and filing fees, interrogatory and garnishment fees, as well as any interest that may be adjudicated for the collection of past due debt on any and all accounts with Roseville Veterinary Clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_