CLIENT INFORMATION

Owner's Last Name_____ Owner's First Name_____ M.I._____

Mailing Address:_____

City_____ State_____ Zip_____

CELL Phone_____ HOME Phone_____ EMAIL_____

Date of Birth____/____/_____ Social Security No._____

Employer Name_____ Employer Phone_____

Spouse/CO-Owner Name_____ Phone_____

Spouse Daye of Birth____/____/____

Spouse Employer_____ Spouse Employer Phone_____

PET INFORMATION

PET #1 Name_____ Male/Female Date of Birth_____

Canine/Feline Spayed/Neutered Breed_____ Color_____

PET #2 Name_____ Male/Female Date of Birth_____

Canine/Feline Spayed/Neutered Breed_____ Color_____

PET #3 Name_____ Male/Female Date of Birth_____

Canine/Feline Spayed/Neutered Breed _____ Color_____

AUTHORIZATION and PAYMENT POLICY

I authorize the veterinarian(s) at Rocky Mountain Animal Hospital to examine, prescribe for, or treat the above described pet(s). I am the owner of the above-named pets, or I am acting as an agent for the owner, and accept full financial responsibility. I assume responsibility for all charges incurred for the care of any and all pets brought to the hospital for care or treatment.

I understand and agreed that PAYMENT IS DUE AT TIME OF SRVICE. I also understand that any charges incurred for services or boarding will be paid at the time of release and that a deposit may be required. If any amounts are unpaid, I agree to pay interest on all amounts due and owing under this agreement at the rate of 1.75% per month. Additionally, I agree to pay a $5.00 service/statement fee that will be assessed per month, so long as a balance remains on my account. In the event that any amounts due and owing under this agreement are assigned to a collection agency for collection, I agree

to pay a collection fee of 54% of the unpaid balance due under this agreement, plus the unpaid balance due. In the event that any amounts due and owing under this agreement are assigned to an attorney for collection of any unpaid balance due, I agree to pay any and all reasonable attorney's fees and costs. Whether collection is referred to a collection agency or an attorney will be at the sole discretion of Rocky Mountain Animal Hospital. The failure of Rocky Mountain Animal Hospital to insist at any time upon the strict performance of any term of this agreement or to exercise any option, right, power or remedy contained in this agreement shall not be constructed as a waiver or a relinquishment thereof for the future.

Signature:_____ Date:_____

EMERGENCY SERVICES POLICY

In the event your pet is considered to be in critical condition and in the need of immediate medical treatment to save its life, whether during the hospital's regular business hours or if you are seen on an after-hours basis for emergency services, time is crucial, and as a result, the doctor will need to do whatever is necessary to stabilize your pet BEFORE the doctor can give you an update on your pet's condition. Life-saving treatment or emergency services of any kind need to be aggressive to be successful, and as a result can costs at least $500.00 within the first 30-60 minutes. The doctor will explain the medical condition of your pet and the proposed regimen for treatment or surgery.

By signing below, you are authorizing Rocky Mountain Animal Hospital to perform emergency treatment. You are financially responsible for a minimum of $500.00 in emergency treatment and any additional treatment costs incurred after the doctor approves an estimate. Such estimate may be in writing or provided to you verbally. A good faith effort will be made to provide you with an estimate for any treatment or costs, but such estimate may be more than initially expected, depending on the treatment required. You further agree to provide a deposit covering the minimum emergency treatment cost, if requested.

Signature:_____ Date:_____