



Strasburg Veterinary Clinic

Client Name

Date

Physical Address

P.O. Box

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Name of Employer

Employer's Address

Social Security Number
(Required if writing a check)

Driver's License Number
(Required)

How did you hear about us?

Yellow Pages

Web Page

Drive By

Friend: _____
Name of Referring Friend

Newspaper

Cart Ad

Other (please list source): _____

How would you like to be reminded of services due for your pet(s)?

Postcard

E-Mail _____

(Over)

Pet Information

Pet #1

Name Breed Sex: Male Neutered Male
Female Spayed Female

Color Date of Birth/Age Date of Last Exam

Pet #2

Name Breed Sex: Male Neutered Male
Female Spayed Female

Color Date of Birth/Age Date of Last Exam

Pet #3

Name Breed Sex: Male Neutered Male
Female Spayed Female

Color Date of Birth/Age Date of Last Exam

Pet #4

Name Breed Sex: Male Neutered Male
Female Spayed Female

Color Date of Birth/Age Date of Last Exam

How will you be paying today?

- Cash Care Credit MasterCard Visa
 American Express Discover Check (In-State and only with Valid
Colorado Identification)

Client Signature

Date

Thank you for selecting our clinic to serve the health needs of your family pets, horses, and livestock. We look forward to caring for your animals and earning the trust you have placed in us. Please let us know at any time how we might provide better service for you and your pet.



Strasburg Veterinary Clinic

Financial Policy

Thank you for choosing Strasburg Veterinary Clinic, LLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Strasburg Veterinary Clinic, LLC requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check (with valid Colorado Drivers License), Visa[®], MasterCard[®], American Express[®]

or Discover Card[®]

- Convenient Monthly Payment Plans¹ from CareCredit[®]

- Allow you to begin treatment today and pay over time
- Available for any treatment amount
- Can be used repeatedly - for your entire family - without having to reapply¹

Deposit & Billing:

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 or more, will require a 50% deposit to begin your pet's treatment. We charge 5% interest on all outstanding account balances older than 30 days. If you have an account 120 days past due, Strasburg Veterinary Clinic, LLC may relinquish your balance owed to a collection agency.

Additional Policy Information:

Strasburg Veterinary Clinic, LLC charges \$25 for returned checks. A fee of \$45.00 may be charged for clients who miss or cancel more than one appointment in a calendar year without 24 hours notice. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your animal.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Animal Name

¹Subject to credit approval