

LOUDOUN VETERINARY SERVICE, INC.

P.O. BOX 480

PURCELLVILLE, VA. 20134

540-338-7118

Fax # 540-338-6258

In order to update our files, we are requesting a **copy of your driver's license** and completion of this form.

Name _____ SS# or DL# _____

Mailing Address _____

Physical address _____

(Must complete if mailing address is P.O. Box)

City _____ State _____ Zip Code _____

Home phone _____ Work Phone _____

Cellular phone _____

How did you hear about us? _____

At Loudoun Veterinary Service, Inc. we are continually striving to provide the highest quality care for your animal while minimizing the cost of services. To help us accomplish this goal, **payment at the time of services is required.**

CREDIT AGREEMENT

In consideration for the professional veterinary services to be rendered, I hereby agree to be fully responsible for and to promptly pay in full any bill for services, including, but not limited to, medication, lab fees or any other work performed for me or on my behalf by Loudoun Veterinary Service, Inc., unless prior arrangements have been made.

I further agree that failure to make full payment within 30 days of the statement date shall render the entire balance due and payable immediately. A finance charge of 1.5% (or a \$2.00 min.) will be applied to any unpaid balance each month until the delinquency is paid. I further agree to be responsible for any and all collection agency fees as well as interest at 18% per annum on unpaid balance. I further agree that in the event of any dispute that the venue shall be proper courts of Loudoun County, Virginia and that I shall not object to that venue.

Date _____

Client Signature _____

LOUDOUN VETERINARY SERVICE, INC.

Patient Information

Pet #1

Name _____ Date of Birth _____
Canine/Feline/Other _____ Male/Female _____ Neutered/Spayed _____
Breed _____ Color _____

Pet #2

Name _____ Date of Birth _____
Canine/Feline/Other _____ Male/Female _____ Neutered/Spayed _____
Breed _____ Color _____

Pet #3

Name _____ Date of Birth _____
Canine/Feline/Other _____ Male/Female _____ Neutered/Spayed _____
Breed _____ Color _____

Pet #4

Name _____ Date of Birth _____
Canine/Feline/Other _____ Male/Female _____ Neutered/Spayed _____
Breed _____ Color _____

Pet #5

Name _____ Date of Birth _____
Canine/Feline/Other _____ Male/Female _____ Neutered/Spayed _____
Breed _____ Color _____

Pet #6

Name _____ Date of Birth _____
Canine/Feline/Other _____ Male/Female _____ Neutered/Spayed _____
Breed _____ Color _____