

Lander Valley Animal Hospital
1185 Highway 287 North
Lander, WY 82520

CLIENT INFORMATION

Owner Name: _____ SSN _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Drivers License: _____

Employer: _____ DOB: _____

Spouse Name: _____ SSN: _____

Spouse Employer: _____

PATIENT INFORMATION

Pet Name _____ Breed _____ Sex _____ s/n DOB _____

Pet Name _____ Breed _____ Sex _____ s/n DOB _____

Pet Name _____ Breed _____ Sex _____ s/n DOB _____

METHOD OF PAYMENT

Payment is expected at the time of service unless either arrangements made in advance. Please check your preferred method of payment below.

Personal Check _____ Cash _____ MasterCard/Visa _____

A service charge of \$4.00 will be assessed to all accounts over 30 days, 1.5% per month, whichever is greater. All uncollected accounts over 90 days will be sent to collections. The undersigned agrees to pay all costs of collection and/or legal fees for collection of payment.

By signing this document you are agreeing that these provisions apply on a continuing basis for all services rendered on any date hereafter.

Signature _____ Date _____

Signature _____ Date _____