



Stonewall Veterinary Clinic 7627 Heritage Village Plaza Gainesville Virginia 20155 703-754-9888

CLIENT INFORMATION

Client Name _____
(Last) (First)

Address _____
(If P.O. Box is mailing address, please include physical address as well)

(City) (State) (Zip Code)

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Employer _____ Position _____

Address _____

Co-Owner's Name _____ Phone _____

Person to Contact in Case of Emergency (if different from co-owner)
_____ Phone _____

How did you hear about us? Physical Location _____ Neighbor/Friend _____ Internet _____

PAYMENT POLICY

Payment is expected for all services rendered at the time of your visit. We accept cash, check, Visa, Mastercard, and Care Credit. Stonewall Veterinary Clinic does not extend credit. A deposit may be required for extensive medical or surgical treatment.

FINANCIAL RESPONSIBILITY AGREEMENT

I understand that if the balance is not paid in full at the time of services rendered, I will be responsible for the balance due plus interest at the rate of 1.5% per month, as well as any collection and/or attorney fees incurred in an attempt to collect this debt.

Print Name

Signature

Date