

## Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help.

### Client Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

For check writing purposes: Driver's License \_\_\_\_\_ Exp. Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you find us? Referral from someone? Online? \_\_\_\_\_

### Pet Information

Pet #1

Pet #2

Pet #3

Name \_\_\_\_\_

Gender \_\_\_\_\_

Spay/Neuter Y or N \_\_\_\_\_

D.O.B. OR Age \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

### Vaccine Dates if known or applicable

RABIES \_\_\_\_\_

FVRCP (Cat) \_\_\_\_\_

FELV (Cat) \_\_\_\_\_

DHLPPV (K9) \_\_\_\_\_

BORD (K9) \_\_\_\_\_

Other \_\_\_\_\_

Payment is due at time of service. We accept all major credit cards, check cash and Care Credit. Please read and sign Financial Policy on the next page, Thank you.

Tualatin Animal Clinic  
503-692-3340  
691-1556 (Fax)

## Financial Policy

8700 SW Cherokee St  
Tualatin, OR 97062 503-  
tualatinanimalclinic.com

This is an agreement between Tualatin Animal Clinic, as creditor, and Debtor named on this form.

In this agreement the words "you," "your," and "yours" means the Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited.

The words "we," "us," and "our" refer to Tualatin Animal Clinic.

By executing this agreement, you are agreeing to pay for all services that are received.

**Payment options:** You choose to pay by cash, check, care credit, or credit card on the day that treatment is rendered

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

**Charges to account:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

**Finance charge:** A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of one and one half percent (1.5%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The finance Chare on your account is computed by applying the periodic rate (1.5%) to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is \$.50.

**Returned checks:** There is a fee (currently \$25) for any checks returned by the bank.

**Past due accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collections agency, you agree to pay all of the collections costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which we incur, plus all court costs. In case of suit, you agree the venue shall be in Washington County, Oregon.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the person authorizing treatment for the animal will be the person responsible for those subsequent charges. If the divorce decree requires the other party to pay all or part of the treatment costs, it is the authorizing party's responsibility to collect from the other party.

**Effective Date:** Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

**Responsible Party** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_