



Premier Paws Veterinary Service
 16935 W. Bruce Rd.
 Lockport, IL 60446
 office@premiervet.care
 888-860-0244

VETERINARY SERVICES AGREEMENT

Thank you for choosing Premier Paws Veterinary Service to care for your animal(s). Please take a few minutes to provide us with the information listed below. All new clients must pay for their appointment at time of service by cash or credit card

Owner Information			
Name:			
Email:	Address:		
Home Phone:			
Mobile Phone:	City:	State: :	Zip:
How did you hear about our clinic?	I was referred by:		
Preferred communication method (please select one or more): email <input type="checkbox"/> phone <input type="checkbox"/> text <input type="checkbox"/>			
Alternate Contact			
Name:	Relationship to Owner:		
Email:	Mobile Phone:		
Authorized Agent(s)			
Name:	Mobile Phone:		
1. Pet Information			
Name:	Breed:	Color:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered
Registered Name:		Birthdate:	<input type="checkbox"/> Female <input type="checkbox"/> Spayed
2. Pet Information			
Name:	Breed:	Color:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered
Registered Name:		Birthdate:	<input type="checkbox"/> Female <input type="checkbox"/> Spayed
3. Pet Information			
Name:	Breed:	Color:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered
Registered Name:		Birthdate:	<input type="checkbox"/> Female <input type="checkbox"/> Spayed
FINANCIAL RESPONSIBILITY & Payment Information			
<p>By signing below, I hereby authorize the veterinarians or Premier Paws Veterinary Service, LLC to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges accrued in the care of this animal. I understand that ALL CHARGES ARE DUE AT THE TIME OF SERVICES ARE RENDERED AND/OR AT THE TIME OF DISCHARGE. A \$35.00 service charge will be incurred on any returned payment.</p> <p>Estimates are based on your pet's status and may change if medically appropriate. Any verbal or written estimate of charges is only a best approximation, and the final charges may be less than or greater than this amount. All prices are subject to change without notice. Deposit is required for surgical procedures.</p> <p>If fees for services are not paid in accordance with, the provisions herein, reasonable attorney's fees, plus applicable finance charges can be applied to all amount that are at least 30-days past due at the rate of 2% per month. If the account is in default and turned over for collection, I acknowledge that I will be responsible for a \$35.00 fee and all reasonable costs associated with effecting collection.</p> <p>I verify that all information provided is accurate.</p>			
Is Pet Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>		Insurance Company & Contact:	
Premier Paws payment policy is payment at time of service. Please indicate			



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your method of payment.
<input type="checkbox"/> Card on File ending in 4 digits _____ <input type="checkbox"/> Payment at appointment
Signature: _____ Date: _____
Printed Name: _____
Deposit due at admission and balance due at time of discharge