



### Welcome

Thank you for giving us the opportunity to care for your animals. To ensure the best care possible, please complete this form and mail it back to us at the clinic address or email to [info@tlcpethospital.com](mailto:info@tlcpethospital.com). We will be happy to answer any questions you may have.

### Client Registration

Client's Name: \_\_\_\_\_ Business/Farm Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Premise ID: \_\_\_\_\_  
 Farm/Shipping Address: \_\_\_\_\_

### Contact Phone Numbers

Primary #: (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_ Cell Home Work Ext #: \_\_\_\_\_  
 Phone # 2: (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_ Cell Home Work Ext #: \_\_\_\_\_  
 Phone # 3: (\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_ Cell Home Work Ext #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Whom can we thank for the referral?  
 (For Auto Pay payment receipts) \_\_\_\_\_

### Authorization & Payment Responsibility Notice

I hereby authorize the veterinarian to examine, prescribe for, or treat my animals. In consideration of the services provided to the animals, I/we understand and agree that I/we are financially responsible for payment of all services rendered. I/we understand and agree that any remaining balance on account not paid in full within 30 days will accrue a monthly finance charge of 1.5% (minimum \$4.50).

### Method of Payment or Billing

- Monthly Statements: Payment due in full within 30 days of receipt.
- Automatic Payment with credit card on file: Account balance will be processed with credit card on a predetermined date. Please fill out the Auto Pay Authorization below.

Billing Contact (if different than client): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Auto Pay Authorization

Accounts that are set up with Auto Pay will be sent a monthly statement at the end of every month. Payments will be processed on the last day of the current month, and the 5<sup>th</sup> or 20<sup>th</sup> of the following month. Once your account balance has been processed we will email you a paid receipt. Please make sure you have provided us with your email address.

Example: October's statement balance will be processed in November.

<b>Visa</b>	<b>MasterCard</b>	<b>Discover</b>	<b>American Express</b>
Please select the date on which you would like us to process your credit card.			
<input type="radio"/> End of month		<input type="radio"/> 5 <sup>th</sup> of month	<input type="radio"/> 20 <sup>th</sup> of month
Card Account #:			
Expiration Date:		Security Code:	Billing Zip Code:
Name on Card:			
Signature:		Date:    /    /	