

CONFIDENTIAL INFORMATION AND AGREEMENT

Kingdom Animal Hospital, Inc.
PO Box 147
Clear Brook, VA 22624

Name _____ Social Security # _____ E-mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Address _____
(Company Name) (Company Address) (City, State, Zip)

Spouse _____ Social Security # _____ E-mail _____

Cell Phone _____ Work Phone _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Nearest Relative not living with you _____ Home Phone _____

Emergency Contact _____ Home Phone _____ Work Phone _____
(If owners cannot be reached)

RESPONSIBLE PARTY AUTHORIZATION

IN ALL CASES, PROFESSIONAL FEES, PRODUCT PURCHASE, ALL COSTS RELATED TO THE TREATMENT, TESTING, AND BOARDING ARE THE CLIENT, SPOUSE, OR CO-OWNER OF ANIMAL(S) RESPONSIBILITY.

Finance Charge (no charge if paid within 30 days of billing date) is computed by a "Periodic Rate" of 1 ½ % per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the previous balance without deducting current payments and/or credits appearing on any given bill. Upon default in the payment of any bill the above rate will be charged on the unpaid balance at 1 ½ % per month until the delinquency is paid. Client or responsible party(ies) further agree to pay any and all collection fees incurred and legal expenses, including but not limited to Collection Agency costs and Attorney Fees, all court related costs, service and filing fees, interrogatory and garnishment fees as well as any interest that may be adjudicated for the collection of past due debt on any and all accounts with Kingdom Animal Hospital, Inc.

PAYMENT IS DUE AT THE TIME OF SERVICE. Payment is accepted by cash, check, debit card, MasterCard, Visa, American Express, Discover or CARE CREDIT.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____
(spouse)

Persons authorized to bring animals for treatment _____ Initial _____
_____ Initial _____
_____ Initial _____

Approved by Kingdom Animal Hospital, Inc _____ Date _____

Copy of ID: _____ yes

*The client is entitled to a copy of this information and agreement, if desired.