

NEW CLIENT FORM

Name: _____ Spouse/Signif. Other _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Work () _____ Email: _____

I authorize Knoxville Veterinary Service to call any of the numbers listed above in order to reach me.

Pet Information

Name: _____ Date of Birth: _____

Breed(s): _____ Gender: _____ Altered: Y / N

Please list any known problems or allergies:

Name: _____ Date of Birth: _____

Breed(s): _____ Gender: _____ Altered: Y / N

Please list any known problems or allergies:

Payment is expected at time of service. We except Cash, Checks, and Credit Cards (Visa, MC or Discover).

The undersigned, responsible party, agrees to be personally responsible for all charges, if at any time, or for any reason, the undersigned is unable to pay for services when due, the undersigned agrees to pay and authorizes Knoxville Veterinary Service, PC to bill their account finance charges in the amount of 1.5% per month or maximum rate allowed by law. In the event it becomes necessary for Knoxville Veterinary Service, PC to incur collection costs or institute suit to collect any amount due under this agreement, the undersigned also agrees to pay collection fees and expenses, including reasonable attorneys' fees and court cost plus all legal fees if incurred for collection and submits to jurisdiction and venue in Knox County, IL. I hereby certify that I have read and agree to the above terms.

Signed: _____ Date: _____