

DATE: _____

OWNER'S NAME: _____

SPOUSE/PARTNER: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____ DL#: _____ DOB _____

EMAIL ADDRESS: _____

HOME PHONE #: _____ CELL #: _____

EMPLOYER: _____ PHONE #: _____

SP/PARTNER EMPLOYER: _____ PHONE #: _____

SECOND CONTACT: _____ PHONE #: _____

PET'S NAME: _____

CANINE or FELINE (circle one) BREED: _____

COLOR: _____ DATE OF BIRTH (or approx age) _____

GENDER: FEMALE/SPAYED MALE/NEUTERED

DOCTOR REFERRED BY: _____

HOSPITAL NAME: _____

REASON FOR REFERRAL: _____

PRIMARY DOCTOR IF OTHER THAN ABOVE: _____

Arbitration

Customer and *Veterinary Specialists of North Texas* agree that any controversy or claim rising between them concerning any transaction or the performance or breach of this contract shall be settled by arbitration (administered by Dispute Solutions, Inc.) rather than by litigation. Such arbitration shall be governed by the Federal Arbitration Act. The arbitration award may be entered in any court having jurisdiction thereof.

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. A deposit may be required. We accept payment by cash, check, Visa, Mastercard, Discover or American Express. In order to avoid any misunderstanding, we urge that all fees be discussed with the doctor before services are performed.

Please circle one of the following to indicate your choice of payment:

CASH CHECK CREDIT CARD

Signature of responsible party: _____

(must be at least 18 years of age)

- NOTICE -

A \$25.00 fee will be added to all returned checks. **PAYMENTS FOR SERVICES ARE DUE & PAYABLE UPON COMPLETION.** Any balances carried to the following month will accrue an interest rate of 2% per month compounded. Statements will be sent at the end of each month and past due accounts will subsequently be turned over to a collection agency for collection of all unpaid balances, plus interest and collection fees.