



QUAKERTOWN VETERINARY CLINIC

Tri-County Emergency Service

2250 N. Old Bethlehem Pike * Quakertown, PA 18951

REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet! Please take a moment to complete the following information. This information will be kept in your records and will be kept confidential. Failure to complete this information may result in services being denied.

Owners Name Social Security #

Spouses Name Social Security #

Home Mailing Address

City State Zip

Home Phone Cell Phone

Work Phone Email

Employer & Address

Spouse Employer & Address

How will you be paying today?

If you are paying by **CHECK**, please complete the following:

Drivers License # Bank Name Account #

Previous veterinarian where records may be obtained if necessary:

Name

City State Phone

Can we request these files be sent to us?

Signature of responsible party

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FINANCIAL POLICY

Quakertown Veterinary Clinic is dedicated to providing our clients with the best possible care and service while keeping the costs to you from increasing at an unreasonable rate.

We ask your help by understanding and cooperating with our financial policy.

PAYMENT FOR SERVICES PERFORMED.

All payments are expected at the time of service and any other outstanding balances are due within 30 days, unless other agreements have been made with our Accounts Receivable Manager. Our office accepts **Visa, MasterCard, Discover & Care Credit** for your convenience as well as **cash** and **checks**. ALL PAYMENT AGREEMENT FORMS MUST BE COMPLETED WITHIN 5 BUSINESS DAYS OF ORIGINAL SERVICE. All past due balances are assessed a **1.5% per month** service charge after 30 days. All balances over 30 days old will be assessed an additional \$2.00 monthly billing fee. All balances over 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

There will be a \$45.00 fee assessed for any check returned unpaid by your bank or financial institution.

Unless prior arrangements are made with our Accounts Receivable Manager, payment in full will be expected at the time of service for any future services.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY QVCPC AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE CLIENT.

Client Signature

Date