

# Welcome to the Village Veterinary Clinic

## Boarding & Grooming

ID# \_\_\_\_\_  
*(office only)*

#1 - Owner(s) \_\_\_\_\_ F M    Driver's License \_\_\_\_\_  
*(Last, First M.I.)* *(State, Number, Expiration)*

#2 - Spouse \_\_\_\_\_ F M    Driver's License \_\_\_\_\_  
*(Last, First M.I.)* *(State, Number, Expiration)*

**Email Address:** \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*(Street, City, State, Zip)*

Mailing Address: \_\_\_\_\_  
*(if different from physical address)*

Home Phone \_\_\_\_\_ #1's Cell \_\_\_\_\_

#1's Work # \_\_\_\_\_ #2's Work # \_\_\_\_\_ #2's Cell \_\_\_\_\_

Owner's Employer \_\_\_\_\_

Owner's Employer's Address \_\_\_\_\_  
*(Street, City, State, Zip)*

Spouse's Employer \_\_\_\_\_

Spouse's Employer's Address \_\_\_\_\_  
*(Street, City, State, Zip)*

#1's Social Security # \_\_\_\_\_ #2's Social Security # \_\_\_\_\_  
*(Number)* *(Number)*

**Permission to use photos of your pets on VVC web pages** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** *(please initial)*

**Referred by:** \_\_\_\_\_

### Please List Your Pets

DOG	CAT	Other	Pet's NAME	DOB	Age	Female / Male	Altered Yes No	Breed	Color
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			
						<input type="checkbox"/> F <input type="checkbox"/> M			

**Payment is due at the time of service. Thank you.**

Owner's / Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Village Veterinary Clinic

3883 Constellation Road | Lompoc CA 93436 | Phone 805.733.3548 | Fax 805.733.3540

## Financial Policy

Thank you for choosing VILLAGE VETERINARY CLINIC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. VILLAGE VETERINARY CLINIC requires payment in full at the end of your pet's examination and/or at the time of discharge.

### Payment Options:

You can choose from:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup> or Discover Card<sup>®</sup>
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit<sup>®</sup>
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

### Deposit & Billing:

For some treatments or hospitalized care, a deposit will be required. Healthcare plans requiring comprehensive care of more than \$1,000 or more, will require a 50% deposit to begin your pet's treatment. We charge 1.8% interest on all outstanding account balances older than 30 days. If you have an account 90 days past due, VILLAGE VETERINARY CLINIC may relinquish your balance owed to our attorney or a collection agency.

### Additional Policy Information:

VILLAGE VETERINARY CLINIC charges \$25 for returned checks.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

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*Client/Owner Signature*

*Date*

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*Client ID #*

*Client/Owner Name (Please Print)*

<sup>1</sup>Subject to credit approval