

Hoof & Paw Veterinary Service, Inc.  
101-A South Maple Ave.  
PO Box 2695  
Purcellville, VA 20134

Your Name \_\_\_\_\_ SSN/Driver's license# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Must complete if mailing address is a PO Box)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

At Hoof & Paw Veterinary Service, Inc. we are continually striving to provide the highest quality care for your animal while minimizing the cost of services. To help us accomplish this goal, payment at the time of service rendered is required.

**CREDIT AGREEMENT**

In consideration for the professional veterinary services to be rendered, I hereby agree to be fully responsible for and to promptly pay in full any bill for services, including, but not limited to, medication, lab fees, or any other work performed for me or on my behalf by Hoof & Paw Veterinary Service, Inc. I further agree that failure to make full payment within 30 days of the statement date shall render the entire balance due and payable immediately. A finance charge of 1.5% (or \$2.00 minimum) will be applied to any unpaid balance each month until the delinquency is paid. I further agree to be responsible for any and all collection costs incurred by Hoof & Paw Veterinary Service, Inc. including, but not limited to collection agency fees as well as interest at 18% per-annum on unpaid balance. I further agree that in the event of dispute, that venue shall be proper in the courts of Loudoun County, Virginia and that I shall not object to that venue.

**DISCLOSURE STATEMENT**

Hoof & Paw Veterinary Service, Inc. does not provide continuous medical care 24 hours a day. I understand that my pet will be left in the clinic unsupervised during the following times:

- Monday and Wednesday after 6:00 pm until 7:30 am the following day;
- Tuesday after 6:30 pm until 7:30 am the following day;
- Thursday after 8:00 pm until 7:30 am the following day;
- Friday after 5:00 pm until 8:00 am the following day;
- Saturday after 1:00 pm until 7:30 am Monday morning.

\_\_\_\_\_  
Client Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us?  
Friend/Relative \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Received Mailing \_\_\_\_\_  
WAGE Radio \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_