



Homestead Veterinary Hospital



#105 Whispering Hope Dr., Villa Ridge, MO 63089
Office: (636)-451-4655 Fax: (636)-451-3595
homesteadvet@gmail.com

NEW CLIENT / CLIENT UPDATE & FORM

We value all of our clients and welcome you to the services and expertise of Homestead Veterinary Clinic, LLC (dba Homestead Veterinary Hospital).

Please fill out the form in its entirety. All information is private and will not be shared.
Please return form to one of our staff members via fax or email prior to your appointment. (Fax# & Email above)

Thank you for your cooperation and we look forward to serving your veterinary needs.

Please fill in client/owner information and patient information (print):

1.) Owner Name(s):	Soc.Sec. No.	DOB:
Owner Driver's License # :	Spouse:	
Address:	(City, State, Zip):	
Email:		
Cell#:	Home#	
Work#:	Other#	

**** Name of other person(s) authorized to order veterinary services on your account**

You will be responsible for all veterinary services & medications ordered by this/these people:

Name of other authorized person(s): _____

Name of other authorized person(s): _____

Patient Descriptions: Name (show name and barn name), Breed, Color, Age, Sex, DOB or best est. age

1.)	4.)
2.)	5.)
3.)	6.)

Form of Payment: Cash Check No. _____ Credit Card One Time Payment Autopay
Name on Credit Card: _____ Credit Card No.: _____
Exp: _____ CID (3-4 Digit Code): _____

It is requested that every client be prepared to pay for services at the time they are rendered.

Billing Address of Credit Card if different from home address on file. _____

I have read & agree to abide by all CLIENT AGREEMENT: TERMS, CONDITIONS, & OUR PAYMENT POLICY (see reverse side of page). I understand I am establishing an account with Homestead Veterinary Clinic, LLC (dba Homestead Veterinary Hospital) and the client agreement (terms, conditions, our payment policy) apply to today's services and all prior & future services provided. Signature on this form does not guarantee a credit status account.

1.) Signature: _____ Print: _____ Date: _____

Thank you for your cooperation Homestead Veterinary Clinic, LL
(INITIAL BOTTOM OF SECOND PAGE)

CLIENT AGREEMENT: TERMS, CONDITIONS, & OUR PAYMENT POLICY

Payment Policy: It is requested that every client be prepared to pay for services at the time they are rendered. We accept cash, personal checks, VISA, MasterCard, Discover, and American Express as payment.

Credit Account Requirements: After a client relationship has been established, and a good payment history established, a credit account may be requested (no guaranteed approval). **The front page of this form must be completed in full including full name (both spouses if client is married), address, and social security number, date of birth, phone number and email address.** No credit account for person living outside the state of Missouri.

By providing this information you are authorizing Homestead Veterinary Clinic, LLC to run a credit check in order to establish a credit account with Homestead Veterinary Clinic, LLC. If any requested client information is not provided, or is provided in error, the credit account will be denied. After application is received and information verified the request for credit account will be approved or denied. Once a credit account status has been approved Homestead Veterinary Clinic, LLC may revoke the credit account status at any time (see terms and conditions, payment policy, events of default), at which point the balance will be due in full.

Minimum monthly payment: All accounts with open balance are required to be paid in full within 120 days from the date of veterinary service(s). A minimum monthly payment of 25% plus monthly service fee (see below) must be received prior to 28th of each month. If long term financing over 120 days past service date is needed please make arrangements with your bank, finance company, or credit card service provider.

**** Service Fee (\$5.00 minimum):** Statements are mailed the first week of each month and payment is due before the 28th of that month. Monthly service fee of 1.75% per month (21% APR) will be incurred on outstanding balances until account is paid in full. Under no circumstance will the monthly service fees be waived. **The minimum monthly service fee is \$5.00**

Events of Default: I agree that all charges will become immediately due and payable without any notice or demand from Homestead Veterinary Clinic LLC upon the occurrence of any of the following:

1. Failure to make any payment on statement when such payment is due (see payment policy above)
2. Bankruptcy (Chapter 7 or Chapter 13)
3. Death
4. Making any misrepresentation to Homestead Veterinary Clinic LLC in obtaining credit

Remedies upon Default: Should a default occur, I agree that Homestead Veterinary Clinic, LLC may collect on all debt owed. This includes the right to charge my credit card for any amounts due and owing to Homestead Veterinary Clinic, LLC.

Collection Costs: Should legal proceedings become necessary to collect any unpaid account balance, you the client agrees to pay to Homestead Veterinary Clinic, LLC any and all expenses or fees including but not limited to the collection of any monies owed to Homestead Veterinary Clinic, LLC, attorney's fees, collection agency's fees, court costs, filing fees incurred or paid by Homestead Veterinary Clinic, LLC in protecting or enforcing any of its rights or remedies hereunder. The client shall remain liable for any deficiency resulting from any amount remaining unpaid and shall pay same to Homestead Veterinary Clinic, LLC on demand.

Governing Law and Venue: This agreement and our respective rights and duties are governed by and shall be interpreted and enforced in accordance with the laws of Missouri, without giving effect to the principles of the conflict of laws thereof. Any legal actions relating to this agreement must be brought in the court of appropriate jurisdiction in the state of Missouri, which shall have exclusive jurisdiction, and you hereby waive any claim of lack of jurisdiction or inconvenient forum. We further waive any claims against the other for multiple, punitive or exemplary damages in any legal actions relating to this Agreement. The prevailing party in any such legal actions shall be entitled to an award of its reasonable fees and costs.

Reoccurring Payment (Autopay): You authorize schedule charges to your card for the balance after each billing period. You agree that no prior- notification will be provided. Authorization will remain until you cancel in writing and/or your card expires. You certify, you're an authorized user on the card and will not dispute transaction w/bank.

Initial: _____