



Homestead Veterinary Hospital

#105 Whispering Hope Dr., Villa Ridge, MO 63089

(636)-451-4655 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, fax, or email to Homestead Veterinary Hospital, 105 Whispering Hope Drive, Villa Ridge, MO 63089 prior to your first appointment.

Thank you for your cooperation and we look forward to serving your veterinary needs. It is requested that every client be prepared to pay for services at the time they are rendered.

We accept cash, personal checks, VISA, Master Card, and Discover as payment.

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

1.) Owner Name(s):	Soc.Sec. No.	DOB:
2.) Owner Name(s):	Soc.Sec. No.	DOB:
Address:	Email:	
(City, State, Zip)		
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 (complete information below)

Name on Credit Card: _____

Credit Card No.: _____ Exp: _____ CID: _____

(Initials) _____ I would like my credit card charged automatically for veterinary services. (SEE PAGE 3)

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: _____

2.) Signature: _____ Print: _____ Date: _____

Thank you for your cooperation

Homestead Veterinary Clinic, LLC

(SEE SECOND PAGE and initial bottom of 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, social security number, date of birth, phone number(s) and email address.

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.

Initial _____

Initial _____

Homestead Veterinary Hospital
105 Whispering Hope Dr.
Villa Ridge, MO 63089

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your Visa, MasterCard, or Discover Card.

Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit/debit card. You will be charged the amount of your account balance each billing period you have an amount due. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as Homestead Veterinary Clinic LLC. You agree that no prior-notification will be provided.

Please complete the information below:

I _____ (print name) authorize Homestead Veterinary Clinic, LLC (DBA Homestead Veterinary Hospital) to charge my credit card indicated below for the balance of my Homestead Veterinary Hospital account during the first week of each month.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Homestead Veterinary Hospital in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next statement date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit/debit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.