



# WELCOME

to

## Homestead Veterinary Hospital



Welcome to the services and expertise of Homestead Veterinary Clinic, LLC (dba Homestead Veterinary Hospital), where we value and respect all of our client relationships. Please complete the following new client form and rest assured all information is private and will not be shared.

**Please complete all client/owner and patient information (print):**

<b>Owner Name(s):</b>		<b>Spouse Name:</b>	
<b>Phone:</b>	<b>Email:</b>	<b>Spouse Phone:</b>	
<b>Street Address:</b>		<b>City, State, Zip</b>	
<b>Home Phone:</b>		<b>Name and Phone Number of any Authorized Person(s):</b>	

*You will be responsible for all veterinary services & medications ordered by any listed authorized person(s).*

**Patient Information:**

Name	Species	Breed	Color	Age	Sex	Spay/Neuter
					M F	Y N
					M F	Y N
					M F	Y N
					M F	Y N
					M F	Y N

I hereby authorize Homestead Veterinary Hospital to examine, treat and prescribe for the above described pets. I assume responsibility for all charges incurred in the care of the(se) animal(s) and understand that all fees are due on the day of service. For your convenience we accept cash, personal checks, VISA, Master Card, and Discover. There will be a minimum returned check fee of \$35.00 or 10% of the balance whichever is greater. Should any default occur all outstanding balances will incur a service fee of 1.75%, (21% APR) or a minimum of \$5.00 whichever is greater. Service Fees are applied monthly and will be added to your balance until paid in full. If any default were to result in legal proceedings becoming necessary to collect any unpaid account balance, you the client agree to pay to Homestead Veterinary Clinic, LLC any and all expenses/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.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your business,  
Homestead Veterinary Clinic, LLC*

105 Whispering Hope Dr., Villa Ridge, MO 63089

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