



Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Driver's License State & No.: \_\_\_\_\_

Email: \_\_\_\_\_

All fees are due at the time the patient is released. On your request, we will provide you with a written estimate of the fees before any case, treatment, surgery, or hospitalization will be provided. A deposit prior to treatment may be required depending on the amount of the medical care plan.

I/we agree that if our balance becomes delinquent, defined as 90 days Past Due, and is referred to a collection agency or attorney, we shall be responsible for collection fees equal to 33 1/3% of the balance due in addition to the balance and monthly billing charges incurred due to delinquency. We further understand and agree that if legal action is taken to collect the balance, we shall also be responsible for all associated court costs. We hereby waive our rights under the laws and constitution of Alabama, to exempt our real or personal property from execution. \_\_\_\_\_ **(Initial here)**

In the event my account becomes more than 60 days past due, I authorize Baldwin Animal Clinic and its officers, agents or employees to request my credit report. I also understand any past due balances may be reported to one or all of the national credit bureaus. I also authorize Baldwin Animal Clinic and any of its officers, agents or employees to contact me by phone, cell phone, "text" message, e-mail or any other universally used modes of communication as needed to confirm appointments, provide essential treatment information or secure payment of outstanding past due balances.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_