



Feathers, Scales & Tails Veterinary Hospital
310 Woodward Road Suite 3
Westminster, MD 21157
410-871-0244



Owner's Name: _____ Animal's Name: _____
(Must Be 18 Years or Older)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (H) _____ (W) _____ (Cell) _____

In the event of an emergency, please notify: _____
(Name) (Phone Number)

Species: _____ Breed: _____ Color / Markings: _____

Sex: _____ Spayed or Neutered? Yes No Microchipped or Tattooed ? _____

Animal's Date of Birth _____ Your E-Mail Address: _____
(Estimate if Needed)

Method of Payment: Cash Check Visa/MC/Discover

Drivers License # _____ (Required)

Please Note our Hospital's Financial Policies

1. Payment in full at conclusion of visit/service. **WE DO NOT BILL.** Credit or payment plans must be obtained by owner through their bank or lending association. Feathers, Scales & Tails **DOES NOT Extend Credit or Arrange Payment Terms.** *All hospitalization and surgical procedure estimates are to be paid in advance.*

 (Initial)

2. I understand that failure to pay bills promptly will result in full collection effort being taken and I will be responsible for all collection costs including, but not limited to: court costs, serving by private processor or sheriff, interest and billing fee of \$5.00 per month.

 (Initial)

3. I Understand that there is a returned check fee of \$35.00.

 (Initial)

Feathers, Scales & Tails Veterinary Hospital offers premium veterinary care at reasonable prices. Our failure to enforce our financial policies would most definitely result in significantly increased costs of veterinary care. We sincerely hope you understand these policies. We are enforcing these policies in order to keep your veterinary medical expenses within reasonable limits.

Statement of Acceptance

I have read the above referenced policies. I understand them completely and hereby give notice of my intention to fully adhere to their provisions.

 (Owner/Agent Signature Must be 18 Years or Older)

 (Date)

