



**LOUDOUN**  
— CAT CARE —  
**CLIENT INFORMATION FORM**

***Owner Information***

Full Name

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Address

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City / State / Zip

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Home Phone

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Cell Phone

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Work Phone

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Email

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Employer

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***Co-Owner Information***

Full Name

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Address

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City / State / Zip

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Home Phone

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Cell Phone

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Work Phone

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Email

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Employer

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**PAYMENT POLICY**

Payment is required for all services rendered at the time of your visit. We accept cash, debit, Visa, MasterCard, Discover, American Express, and personal checks. A deposit may be required for extensive medical and surgical hospitalization and treatment of your cat. A \$35.00 fee will be assessed on any returned check.

**A 3% fee will be applied to all credit card transactions. No additional fee applies to cash or debit payments.**

**ESTIMATES**

We will gladly prepare an estimate of charges for you upon request. Please ask the technician or the doctor at any time during your visit.

**FINANCIAL RESPONSIBILITY AGREEMENT**

I understand that if this balance is not paid in a timely fashion, I will be responsible for the balance plus 1.5% interest per month, and any collection and/or attorney fees incurred while attempting to collect this debit

Printed Name

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Signature

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Date

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