Harris Animal Hospital

6805 Peters Creek Rd. Roanoke, VA 24019

Owner Information (Please Print) **Date:**_____

Owner : _____

Co-Owner: _____

Telephone: _____ Cell: _____ Other: _____

Address: _____

City/State/Zip: _____

County: _____ (County Required for Rabies Vaccination)

Employer: _____ Phone: _____

Email: _____

Pet Information #1

Name: _____ ☐ Dog ☐ Cat ☐ Avian ☐ Other

Breed: _____ Color: _____

Birthday: _____ ☐ Estimate Sex: ☐ M ☐ F ☐ Neutered/Spayed

Pet Information #2

Name: _____ ☐ Dog ☐ Cat ☐ Avian ☐ Other

Breed: _____ Color: _____

Birthday: _____ ☐ Estimate Sex: ☐ M ☐ F ☐ Neutered/Spayed

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

I understand that if I do not pay this account as agreed, the account is subject to all costs of collection, attorney fees, and interest on any balance that is carried over a period of 30 days with a monthly finance charge of 1.5% or 18% per annum. Any check returned will be subject to a return check fee of $35.00. I understand that the hospital staff will provide an estimate of current and anticipated charges upon my request. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. By submitting this form I agree to the payment terms above.

WE ACCEPT THE FOLLOWING: CASH, CHECK, MASTER CARD, VISA and DISCOVER

Signed: _____ **Date:**_____