



**Florence Veterinary Hospital
& Mobile Veterinary Service
7801 US Highway 42
Florence, KY 41042
859-371-6501**

OWNER'S NAME: _____ OWNERS DOB: _____

SOCIAL SECURITY # **OR** DRIVER'S LIC. NUMBER: _____

HOME STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____

CELL PHONE: (____) _____

EMAIL ADDRESS : _____

SPOUSE'S (OR SIGNIFICANT OTHER'S) NAME: _____

SPOUSE'S (OR SIGNIFICANT OTHER'S) PHONE #: (____) _____

SPOUSE'S (OR SIGNIFICANT OTHER'S) DOB: _____

Payment is required at time of service. Balances shall accrue interest of 18% APR, or \$4.00 monthly billing fee, whichever is greater. There will be a \$50.00 fee for all returned checks and may result in criminal prosecution. Should we refer your account to a collections agency or attorney, you shall be responsible for all collections costs, court costs, and attorney's fees. In the case of litigation, you agree proper jurisdiction and venue is Boone County, Kentucky

OWNER'S SIGNATURE: _____ DATE: _____