



CLIENT INFORMATION SHEET

19302 Silcott Springs Road Purcellville VA 20132
 540.338.7081 540.338.8448 fax www.tallyoaksvet.com

Your name

Spouse:

Address:

Home tel no

City

Cell No.

State

Zip code

Work Tel no.

Email address:

Employer

Please list other person(s) authorized to seek care or make medical decisions for your animal(s).

Stable Name and address:

Tel. no.

Credit Card to be held on file:

Credit Card Type (circle): Visa/Mastercard

Credit Card No.

Expir Date:

3 or 4 digit code on back

Name and address associated with Credit Card listed above

Patient Information:

Name of Pet	Date of Birth	Species	Breed	MN – neutered male; FS – spayed female M – intact male F – Intact female	Color; markings, tattoos, microchip number



Payment:

TOVS will gladly prepare a written estimate for any course of treatment you desire. **All professional service fees are due at the time services are rendered.** We accept cash, checks, Visa, Mastercard and PayPal. In the event that payment is not received at the time of service, we charge a service fee of %5 dollars minimum or 2% of the outstanding balance for balances over 30 days old per month until your account is paid in full. All fees associated with collection of delinquent accounts, including attorney’s fees and court costs, are the responsibility of the client. Returned checks will have a service charge of \$50 added to the outstanding balance. Balances greater than 60 days may be automatically charged to the credit card on file.

I understand the terms of payment as listed above: _____ Date: _____

Additional Animals:

Name of Pet	Date of Birth	Species	Breed	MN – neutered male; FS – spayed female M – intact male F – Intact female	Color; markings, tattoos, microchip number