

*32649 CR 53*

*Greeley, CO 80631*

*970-351-7853*

*Wendy Y. Gaddis, DVM, cVC, cVMA*

*Rebecca A. Hendricks, DVM, cVC, cVMA*

**Client Information**

**\*** Required field

**\*Name** Click here to enter text. **Spouse/ Co-owner** Click here to enter text.

**\*Mailing Address** Click here to enter text. **City** Click here to enter text. **State** Click here to enter text. **Zip** Click here to enter text.

**\*Physical Address** Click here to enter text. **City** Click here to enter text. **State** Click here to enter text. **Zip** Click here to enter text.

**\*Phone Number (Home)** Click here to enter text. **(Work)** Click here to enter text. **(Cell)** Click here to enter text.

**E-Mail Address** Click here to enter text.

**\*Employer** Click here to enter text. **Employer Phone Number** Click here to enter text.

**Credit Card Type** Click here to enter text. **Account Number** Click here to enter text.

**Expiration Date** Click here to enter text. **Security Code** Click here to enter text.

**Credit Card Billing Address** Click here to enter text. **City** Click here to enter text. **State** Click here to enter text. **Zip** Click here to enter text.

**Maximum dollar amount authorized to charge for medical/ surgical treatment** Click here to enter text.

**Animal Information**

**Name** Click here to enter text. **Breed** Click here to enter text. **Sex** Click here to enter text. **Age** Click here to enter text.

**Color** Click here to enter text. **Markings/ Brands/ Scars** Click here to enter text.

**Is your animal insured?** Click here to enter text. **Insurance Company Name** Click here to enter text. **Phone Number** Click here to enter text.

**Medical Authorization**

I hereby authorize Block and Bridle Veterinary Service to examine, prescribe for and treat any and all animals owned by me. In the event that any of my animals require euthanasia and I cannot be reached for consent, I authorize the attending veterinarian to act on my behalf to end needless suffering, without fear of liability. While in the hospital, if my animal should injure itself in an escape attempt, refuse food, become ill or die, I will hold Block and Bridle Veterinary Service and staff free of any responsibility and/or liability in the absence of gross negligence.

**Signed** Click here to enter text. **Date** Click here to enter text.

**Financial Authorization**

Upon request, Block and Bridle Veterinary Service will prepare a written estimate of service fees. I, the undersigned, assume full responsibility for all charges incurred during the care of my animals. **I will inform the attending veterinarian if there are any financial or medical limitations prior to initiation of medical treatment.** **I understand that all payments are due at the time of service.** I understand that Block and Bridle Veterinary Service reserves the right to place any accounts that are in payment default after 45 days, for any amount due, in the hands of a professional agency or attorney for collection. I understand that I am responsible for all legal fees (attorney fees, collection agency fees and court costs) accrued during the collection process. I am aware that a monthly service charge of a 1.5% interest, or a minimum of $7.00, will be assessed on any unpaid balance after 30 days. I am aware that a $25.00 service charge will be assessed for any check returned for insufficient funds. All fees accrued on an account are due immediately. I am aware that Block and Bridle Veterinary Service reserves the right to assess a $30 fee for any appointments missed without advanced notification of cancellation.

**Signed** Click here to enter text. **Date** Click here to enter text.