

# Ford Veterinary Surgery Center

## Troy S. Ford, DVM, DACVS

### WELCOME

Thank you for giving us the opportunity to care for your animal(s). So that we may become better acquainted, please complete the following.

#### INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_  
(State) (Number)

Spouse/Significant Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

How did you become aware of our clinic? Drove by - Yellow Pages - Previous Client - Internet

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

**All Fees Are Due At The Time Services Are Rendered. We accept Visa, MasterCard, Discover, American Express and CareCredit credit cards - as well as cash and personal checks.** Any balances carried at *Troy S. Ford, DVM, INC* will be charged a monthly service charge on all accounts over 30 days equal to the greater of a minimum charge of \$7.00 or 1.75% per month which is an annual percentage rate of 21.0%. **We do send all accounts on which regular payments are not being made to small claims court or to collections!! Unless special arrangements are made with our office, you will still receive finance charges on unpaid balances. Minimum arranged payment plan: \$200.00/month depending on balance.**

To prevent the spread of infectious disease and parasites all in-patients, out-patients and boarders must be current on all vaccines and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide animal or animals with vaccinations and parasite control as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ford Veterinary Surgery Center**  
***Troy S. Ford, DVM, DACVS***

**ANIMAL INFORMATION**

Name _____	Species _____	Breed _____
Color _____	Age _____	Sex _____
Medical Conditions/Concerns _____		Spayed/Neutered _____

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Color _____	Age _____	Sex _____
Medical Conditions/Concerns _____		Spayed/Neutered _____

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**Ford Veterinary Surgery Center**  
***Troy S. Ford, DVM, DACVS***  
**Financial Policy**

Thank you for choosing Ford Veterinary Surgery Center. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet or horse. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

**Payment Options:**

You can choose from:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup>, American Express<sup>®</sup> or Discover Card<sup>®</sup>
- \_ Paypal

**Deposit & Billing:**

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$2,000 or more, will require a 25% deposit to begin your pet or horse's treatment. We may offer in-house payment options on a case-by-case basis. We charge 21% interest on all outstanding account balances older than 30 days. If you have an account 120 days past due, Ford Veterinary Surgery Center may relinquish your balance owed to a collection agency.

**Additional Policy Information:**

Ford Veterinary Surgery Center charges \$30 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your animal.

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature Date

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Client/Owner Name (Please Print)

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Animal Name Breed/Sex Age

**Ford Veterinary Surgery Center**  
**Troy S. Ford, DVM, DACVS**

**Credit Card Authorization Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Name: as it appears on the credit card:

\_\_\_\_\_

Card Number:

\_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ Three Numbers on back of card/AMX: Four numbers on front of card: \_\_\_\_\_

**I understand and agree that any *past due balances* (over 60 days) will automatically be billed to my credit card.**

***I understand that the authorization to pay past due balances with my credit card will remain in effect:***

- ***Until balance is paid in full.***
- ***Canceled by card holder in writing; with a 30 day notice.***
- ***After any past due balances, over 60 days, client will keep credit card information current and all new work and medications will be paid for at time of service.***

Communication and understanding of fees are vital to establish and maintain a rewarding professional relationship between animal owner and Troy S. Ford, DVM, Inc doing business as Troy S. Ford Veterinary Surgery Center. **Payment of fees is due at the time of service.** Unless, prior payment arrangements have been made in writing.

**We gladly accept Visa, MasterCard, Discover and American Express credit cards.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*