

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 # _____ **Optional** 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 PayPal credit cards - as well as cash and personal checks. There is a 3.25% convenience fee charged on all Credit Card transactions. 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 \$15.00 or 2.2% per month which is an annual percentage rate of 24.0%. **We do send all accounts on which regular payments are not being made to COLLECTIONS (at 100 days past due are sent) or to small claims court!! Unless special arrangements are made with our office, you will still receive finance charges on unpaid balances. Minimum arranged payment plan: \$1,000.00/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_____

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ANIMAL INFORMATION

Name _____	Species _____	Breed _____
Color _____	Age _____	Sex _____
Medical Conditions/Concerns _____		Spayed/Neutered _____
Animal's location if different than home address:		

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

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

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Color _____	Age _____	Sex _____
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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®, MasterCard®, American Express® or Discover Card®

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 50% deposit to begin your pet or horse's treatment. We may offer in-house payment options on a case-by-case basis. We charge 24% interest on all outstanding account balances older than 30 days. If you have an account 100 days past due, Ford Veterinary Surgery Center may relinquish your balance owed to a **collection agency**.

Additional Policy Information:

Ford Veterinary Surgery Center charges \$40 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.

Please be advised there is same day - less than 24 hours - cancellation fee of **\$120.00**.

There is a 3.25% convenience fee charged on all Credit Card transactions.

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

I understand and agree that any past due balances (over 30 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 30 days, client will keep credit card information current. All new work and medications will be paid for at time of service.***

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

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Animal Name

Breed/Sex

Age

¹Subject to credit approval

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Credit Card Authorization Form

Name: _____

Address: _____ State: _____ Zip Code: _____

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

Card Number:

Exp. Date: ____/____ CVV: _____ AMX: Four numbers on front of card: _____

I understand and agree that any past due balances (over 30 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 30 days, client will keep credit card information current. 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 are 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