

Lake of the Ozarks Animal Hospital, LLC
76 Business Park Rd
P.O. Box 186
Linn Creek, MO 65052
573.346.5733

J. Wilsman, D.V.M.

R. Radlund, D.V.M.

K. Rericha, D.V.M.

Please know that all client information is kept confidential

OWNER'S NAME: _____

SPOUSE'S NAME: _____

ADDRESS _____

CITY, ST, ZIP _____

HOME PHONE: _____ CELL PHONE: _____

DRIVER'S LICENSE # _____ DATE OF BIRTH: _____

EMPLOYER: _____ WORK PHONE: _____

SPOUSE'S INFORMATION CELL PHONE: _____

DRIVER'S LICENSE # _____ DATE OF BIRTH: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

I understand and hereby agree that I am responsible for all fees incurred during this and subsequent visits to Lake of the Ozarks Animal Hospital, LLC and that all fees **MUST BE PAID FOR AT TIME OF SERVICE**. I understand and agree to the terms listed below.

***In the event there are any remaining unpaid charges I agree to pay a finance charge of 1.5% per month plus a \$2.00 monthly billing charge commencing 30 days from the date of service. I also agree to pay any additional charges related to the cost of collection (including collection agency fees, attorney fees, and court costs) in the event I fail to fulfill my responsibility of paying my bill in full. **ALL** returned checks will be sent to the prosecuting attorney and I agree to pay a returned check fee to LOAH of \$25.00. By my signature I agree that I understand that the abandonment of any animal at LOAH is against the law and also **DOES NOT** release me of my financial responsibility for that pet.

Signature: _____ Date: _____

Method of Payment? CASH CHECK VISA/MC/DISCOVER CARECREDIT