

Bayfield Animal Hospital
PO Box 362
453 South Pine Street
Bayfield, Colorado 81122
970-884-2001 fax: 970-884-9808

Client Information Record

Please **print** the following information:

Name: _____ Social Security # _____
Spouse: _____ Social Security # _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail address: _____
Place of employment: _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information (someone other than you or your spouse):

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Who recommended our business to you? _____

Usual method of payment? Cash/Check Credit Card

Please read and sign the following:

I understand that payment is due in full on the day service is rendered unless prior arrangements have been made, with the authorization of Bayfield Animal Hospital. Any balance carried by Bayfield Animal Hospital is subject to a finance charge of 1.5 % per month, or 18 % per year on any unpaid portion, with a minimum charge of \$2.00 per month. I also understand that past due accounts are dealt with by the proper agencies and will reflect on my credit rating. I may be contacted by phone, including by cell phone.

Signature: _____ Date: _____

