

Payment agreement form

Date: _____

I understand and agree that I am financially responsible for payment of all services received in the amount stated below. I agree to pay that total in full in the time period stated below. I understand that any remaining balance not paid in full will accrue a monthly service charge at 1.5% (minimum monthly service charge of \$1). For veterinary and professional services rendered, I agree to pay ABC Animal Hospital the total sum of \$ _____.

1	2	3
\$ _____	\$ _____	\$ _____
Check # _____	Check # _____	Check # _____
Deposit: _____	Deposit: _____	Deposit: _____
Client's initials _____	Client's initials _____	Client's initials _____
4	5	6
\$ _____	\$ _____	\$ _____
Check # _____	Check # _____	Check # _____
Deposit: _____	Deposit: _____	Deposit: _____
Client's initials _____	Client's initials _____	Client's initials _____

I understand that each held check is charged a \$2 service charge in lieu of the monthly service charge. I understand that if the bank should fail to honor any check held as detailed above, the entire unpaid balance shall be considered in default. The client will be charged a returned check fee of \$18 for each check returned and a monthly service charge of 1.5% (minimum of \$1) will be charged on the remaining balance. I also understand that if ABC Animal Hospital makes an erroneous deposit of any check listed above, that said facility will be responsible for any fees levied by the bank. I have read and understand the terms of this agreement.

Signature _____ Date _____

Contact information verification

Address: _____ City, state, zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Alternate contact: _____

Place of employment: _____

Social Security number: _____ Driver's license number: _____

I do hereby verify the above information is true and correct. I also agree to update records at ABC Animal Hospital if any of the above information changes at any time during the above payment agreement time frame.

Client signature _____ Date _____

Staff witness signature _____ Date _____

Note: Legal counsel should review your payment agreement form to ensure it complies with local, state, and federal law.