

WEST BRANCH ANIMAL CLINIC

508 N 4TH ST WEST BRANCH, IA 52358

OWNER REGISTRATION FORM

Date: _____

Owners Name _____ Spouse/Other: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail address: _____

Employer Name & Address: _____

Spouse/Other Employer & Address _____

Emergency Contact: _____

I assume responsibility for all charges incurred for the care of this animal. I also understand payment is expected at time of service, unless previous arrangements have been made with management. I agree and understand that amounts unpaid after 30 days are subject to a finance charge. This finance charge is computed by a periodic rate of 1.5% per month, which is an annual percentage rate of 18.00% and will be applied to any unpaid balance. The minimum finance charge is \$1.00. Any unpaid accounts after 90 days are subject to collections and/or small claims unless special arrangements have been made with management.

Owner or Responsible Party
(signature): _____ (Print): _____

Thank You!

03/1/2010