



Stonewall Veterinary Clinic
7627 Heritage Village Plaza
Gainesville Virginia 20155
703-754-9888

OWNER INFORMATION

Client Name _____
(Last) (First)

Address _____
(If P.O. Box is mailing address, please include physical address as well)

(City) (State) (Zip Code)

Preferred Phone # _____ Other Phone _____

Email: _____

Employer _____ Position _____

Co-Owner's Name _____ Phone _____

Person to Contact in Case of Emergency (if different from co-owner)
_____ Phone _____

**Please check here if you are eligible for our Senior Discount (10%) _____ (Must be 62 & over to qualify)

How did you hear about us? Physical Location _____ Neighbor/Friend _____ Internet _____

PAYMENT POLICY

Payment is expected for all services rendered at the time of your visit. We accept cash, Amex, Visa, Mastercard, Care Credit and checks. Stonewall Veterinary Clinic does not extend credit. A deposit may be required for extensive medical or surgical treatment.

FINANCIAL RESPONSIBILITY AGREEMENT

I understand that if the balance is not paid in full at the time of services rendered, I will be responsible for the balance due plus interest at the rate of 1.5% per month, as well as any collection and/or attorney fees incurred in an attempt to collect this debt.

Print Name

Signature

Date