

**Rose Hill Veterinary Practice, PC – Small Animal
Small Animal Medicine and Surgery**

21 Christmas Tree Lane
PO Box 248
Washington, VA 22747
(540) 987-9300

Kimberly S. Cole, DVM
Kevin J. Jones, DVM
Thomas B. Massie, DVM

Client Information:

Name(s): _____

Mailing Address: _____

Physical Address: _____

Driver's License Number: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Employer's Name and Address: _____

Work Phone: _____

By signing below, I hereby acknowledge that payment is due at the time services are rendered. A service charge of 1.5% per month will be added to all amounts billed if not paid by the end of the month. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. If account is 30 days in arrears the account is considered delinquent, and the credit card number, if provided, may be used to secure the account. In the event that this account goes unpaid, you agree to reimburse RHVP, PC-SA the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees incurred in our collection efforts. I may request an estimate before services are rendered.

Privacy Policy: RHVP, PC-SA is committed to protecting your privacy. RHVP, PC-SA does not sell, rent, or give out any personal, or patient information without your permission. RHVPPC-SA makes every attempt to keep your information secure. By Supplying the information above you are giving consent to RHVP, PC-SA to use this information to provide you with information related to patient care.

Signature: _____

Date: _____

Signature: _____

Date: _____