

# Rose Hill Veterinary Practice, P.C. – Large Animal

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Providing the Best in Production Management, Medicine, and Surgery

★ Account Name: \_\_\_\_\_

★ Name of person(s) financially responsible: \_\_\_\_\_ ★ Driver Lic. No.: \_\_\_\_\_

★ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

★ Mailing Address: \_\_\_\_\_

★ Physical Address/County: \_\_\_\_\_

★ Employer: \_\_\_\_\_ ★ How long: \_\_\_\_\_ Work phone: \_\_\_\_\_

★ Tax Exempt: Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please provide RHVPPC-LA with VA Form ST-18.

★ Premise ID Number: \_\_\_\_\_ Alternate contact information: \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

If you are unavailable, alternate contact information: \_\_\_\_\_

Prior Vet.: \_\_\_\_\_ Is Patient

★ Patient's Name      Age/DOB      Breed      Color      Gender      Comments      Leased

\_\_\_\_\_

\_\_\_\_\_

If patient is leased, please provide owner contact information and a copy of the lease agreement: \_\_\_\_\_

How did you hear about us (word-of mouth/phonebook/other): \_\_\_\_\_

★ Type of account requested: <sup>1</sup>COD account: **PAYMENT IS ALWAYS DUE AT TIME OF SERVICE** \_\_\_\_\_. Credit \_\_\_\_\_. Third party billing is not accepted. CCOF (Credit Card On File): \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-Code \_\_\_\_\_

<sup>2</sup>Automatic payment: The Authorized credit card will be processed at the end of the month, and a paid receipt will be mailed/emailed.  
Authorized Visa, MasterCard or Discover Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
V-Code \_\_\_\_\_ Name on Card \_\_\_\_\_ Billing address zip code: \_\_\_\_\_

<sup>3</sup>Credit: Credit Application for Rose Hill Veterinary Practice, PC – Large Animal (RHVP, PC-LA) must be completed; *banking information and three (3) credit references are necessary to be considered*. Monthly bills are sent out the first day of each month. 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 45 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-LA 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.

**If an appointment needs to be cancelled please allow 24 hours notice. A Farm Call charge, or \$35.00 fee, may be charged for missed appointments.**

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

(★)Signed: \_\_\_\_\_ (★)Date: \_\_\_\_\_

(★) Required information.

21A Christmas Tree Lane      PO Box 248      Washington, VA 22747  
Tel. (540)987-1200      ww.rosehillvet.com      Fax (540)987-1204      rosehillvet@comcast.net

## Credit Application for Rose Hill Veterinary Practice, P.C.- Large Animal

The undersigned is applying for credit with Rose Hill Veterinary Practice, P.C. – Large Animal (RHVP, PC - LA), and agrees to abide by the standard terms and conditions set forth below.

<b>Client's name</b>	
<b>DBA (if different)</b>	
<b>Contact person</b>	
<b>Address</b>	
<b>Phone</b>	<b>Fax</b>
<b>Federal tax ID or Social Security number</b>	
<b>Employer</b>	<b>Yearly salary \$</b>
<b>Employee contact person</b>	<b>Amount of credit approved \$</b>

**Banking information and three (3) credit references are necessary to be considered.**

<b>Bank</b>	<b>Account #</b>
	<b>Phone</b>
	<b>Contact person</b>
	<b>Name of bank</b>
	<b>Address</b>
<b>Credit Reference</b>	<b>Creditor's name and Account #</b>
	<b>Phone</b>
	<b>Contact person</b>
<b>Credit Reference</b>	<b>Creditor's name and Account #</b>
	<b>Phone</b>
	<b>Contact person</b>
<b>Credit Reference</b>	<b>Creditor's name and Account #</b>
	<b>Phone</b>
	<b>Contact person</b>

I represent that the above information is true and correct to my knowledge and belief. I authorize RHVP, PC. - LA to make such credit investigation as it sees fit, including contacting the above references and obtaining credit reports. I authorize all references, banks, and credit reporting agencies to disclose to RHVP, PC - LA any and all information concerning the financial and credit history.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

**Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

Bills are sent the first day of the month. All bills are due and payable on receipt and if not received by the end of the month are considered past due. 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 45 days in arrears the credit card number provided may be used to secure the account.

*Personal Guarantee:* If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantees payment for all items purchased on credit by the corporation.