

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

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Providing the Best in Production Management, Medicine, and Surgery

* Person(s) financially responsible: _____

* Account Name: _____ * Driver Lic. No or SSN: _____

* Home phone: _____ Cell phone: _____ * Email: _____

* Mailing Address: _____

* Physical Address/County: _____

* Employer: _____ How long: _____ Work phone: _____

Tax Exempt: Yes or No If yes, please provide RHVPPC-LA with VA Form ST-18.

Premise ID Number (if applicable): _____

Directions: _____

* If you are unavailable, alternate contact information: _____

Prior Vet: _____

* Patient's Name	Age/DOB	Breed	Color	Gender	Comments	Is Patient Leased?
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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/internet/other): _____

*** Type of account requested:**

¹Cash On Delivery (COD) account: _____ Payment is always due at time of service. If you choose, you can keep a credit card on file for payment:

Credit Card On File: _____ Exp. Date: _____ CVV: _____

²Automatic Payment: _____ Authorized credit card will be processed at the end of the month and a paid receipt will be mailed and/or emailed.

Authorized Credit Card No. _____ Exp Date: _____ CVV: _____

Name on Card _____

³Credit: _____ Credit Application for Rose Hill Veterinary Practice, PC – Large Animal (RHVP, PC-LA) must be completed and a separate form will be provided. Third party billing is not accepted; **banking information and three (3) credit references are necessary to be considered.**

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. For new first time clients, payment is due at time of service.

Monthly statements 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.

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.**

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