



Mount Vernon Animal Hospital
316 Verne Dale Dr.
Mount Vernon, Ohio 43050
740-397-6958

Welcome Farm Animal
Appointment Request/ Client Service Agreement

Name: _____ Farm Name: _____
DOB: _____ Driver License# _____
Social Security Number: _____ * Required for billing and submitting check for payment.
Spouse: _____
Home Address: _____
City: _____ State: _____ Zip Code _____
Home Phone: _____ Cell: _____
Email: _____ @ _____ Farm Premise ID# _____

Type of Species _____
Herd Size: _____ ID/Number: _____
Breed: _____
Production Class: _____ Animal Location same as above: Y/N :if
no _____
Reason/Goal for Appt/herd check: _____

Billing Information:
Name of Credit Card Holder as listed on Card: _____
Check one: ___ Visa ___ MC ___ AmEx ___ Discover ___ CareCredit ___
Credit Card Number: _____ Security Code: ___
Exp Date: ___
Credit Card Billing Address (if different from above)

Signature giving authorization to charge card once exam is complete:
_____ Date: _____

Authorization and Payment

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described animal. I assume responsibility for all charges incurred in the care of this/these animals. ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENEDED. We will gladly preparad a written estimate if you desire. (Please ask our Dr. or Staff) I also understand that these charges will need to be paid in full at the time services. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, our office acceppts Visa, Mastercard, American Express, and Care Credit. There will be a service charge for any check returned unpaid. Also any unpaid balance can result in a monthly service charge
Signature: _____ Date _____

Additional Animals:

Type of Species _____
Herd Size: _____ ID/Number: _____
Breed: _____
Production Class: _____ Animal Location same as above: Y/N :if
no _____
Reason/Goal for Appt/herd check: _____

Additional Animals:

Type of Species _____
Herd Size: _____ ID/Number: _____
Breed: _____
Production Class: _____ Animal Location same as above: Y/N :if
no _____
Reason/Goal for Appt/herd check: _____