



# LEHI ANIMAL HOSPITAL

Client and Patient Information



Owner Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ We send out vet reminders (vaccine due dates & appointment time reminders) via email, text and/or PetPartner App.

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Circle: Spayed or Neutered Color/Markings: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous vaccine dates, if known: \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Comments \_\_\_\_\_

I authorize Dr. Aaron Chamberlain and/or such associates he may designate to perform the procedures as deemed necessary or advisable to maintain my pet's health: including, but not limited to, physical examination, diagnostic testing and/or administering pharmaceutical agents. I understand that the administration of any pharmaceutical agents or the performance of any diagnostic procedures may cause an adverse reaction.

I do voluntarily assume all possible risks, if any, which may be associated with the general preventative and diagnostic treatment procedures to obtain the potential desired results which may or may not be achieved for my pet's benefit.

I acknowledge that each specific procedure will be fully explained prior to completion. I realize that neither guarantee nor warranty can be ethically or professionally made regarding the results or cure.

I understand that all sales are final and there are no refunds given. I assume financial responsibility for all services rendered. I understand that payment is due on the date that services are rendered and agreed to pay costs and reasonable attorneys' fees if any delinquent account is placed with an agency or an attorney for collection or suit. We do not accept checks.

Customer agrees to pay a finance charge of one and one-half percent (1 ½%) per month on all amounts due in owing to Lehi Animal Hospital.

Attorney's fees and costs: if any legal action is necessary to enforce the terms of this agreement, or if it is necessary to employ the services of an attorney to enforce the terms of this agreement, the party in default or in breach hereof agrees to pay the others party's reasonable attorney's fees and court cost in addition to any other relief to which it may be entitled if customer fails to pay any amounts owing hereunder when due, or otherwise breaches any terms of this agreement. Customer agrees to pay up to forty percent (40%) collection expense incurred by Lehi Animal Hospital in attempting to collect such amounts from customer, in addition to the aforementioned attorney's fees and costs.

\_\_\_\_\_  
Owner or Agent of Owner

\_\_\_\_\_  
Date