



Westview Veterinary Hospital, Inc.
3032 Napoleon Road, Fremont, Ohio 43420
419-332-5871

Farm Call
Credit Card Payment Agreement

Owner's Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Cell Phone: _____ **Home Phone:** _____

The below credit card information will be kept on file at Westview Veterinary Hospital, Inc. This credit card information will be used to pay the entire invoice at the time of services or, at the time of billing, to pay in full, any outstanding balance on my account. I, hereby authorize Westview Veterinary Hospital, Inc. to utilize my credit card for payment as detailed above.

I understand that I am financially responsible for all services provided by Westview Veterinary Hospital, Inc. I agree for Westview Veterinary Hospital, Inc. to hold in their possession a copy of a current credit card to apply payment in full to the balance due on the account. In the unlikely event that the credit card will become declined, action will be taken for collection for balance due on account at such time credit card is declined.

CREDIT CARD INFORMATION

Circle - VISA MASTERCARD DISCOVER AM EX
 Account Number: _____
 Expiration Date: _____ CCV Code: _____ Zip Code: _____

BILLING INFORMATION (if different than above)

Name on Card: _____ Phone: _____
 Billing Address for card: _____ City: _____ State: _____ Zip: _____

UPDATE CLIENT INFORMATION (if different than above)

Name on Card: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Driver's License Number _____ Social Security Number _____
 Date of Birth _____ E-Mail: _____
 Employer _____ Supervisor _____
 Employer Address: _____ Phone: _____ ext _____

This is an agreement to automatically pay any outstanding invoice and cannot be stopped. Automatic payments will stop when the balance including any service fees are paid in full.

I also understand if these Credit Card payments go over 30 days it is subject to service charge at 2% monthly. Billing occurs on the 1st of every month. I further understand that as the Owner I am responsible for all court costs and lawyer fees if account is turned over to collection.

 Signature of responsible Owner/agent Phone No. Date

 Spouse/Significant other Phone No. Date

Both parties on account must sign or give verbal acknowledgement to staff over phone

 Staff Signature Date

Animal Information – please fill out completely and include all animals (use back of page if necessary)

Registered Name: _____ Sex: _____
Color & Markings: _____ DOB: _____
Registration Number: _____ Tattoo: _____
Barn Name: _____
Barn Address: _____

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