



**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 payments towards 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. 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.

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

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

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

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