



1108 Dresser Court
Raleigh, NC 27609
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www.vetraleigh.com

CLIENT INFORMATION

LAST NAME:	FIRST NAME:	DATE:
ADDRESS:	STATE:	ZIP:
PHONE:	EMAIL:	
SPOUSE / EMERGENCY CONTACT NAME:		PHONE:

I. TREATMENT AUTHORIZATION AND PAYMENT TERMS:

PAYMENT-in-FULL IS DUE AT THE TIME SERVICE or PRODUCT IS RENDERED.

I agree and understand that payment in full is due at time product(s) or service(s) is provided for my pet.
I understand that NO billing or payment plan options will be offered by Raleigh Community Animal Hospital. I understand there is a service charge (of 1.5% or \$5.00, whichever is greater) that may occur and accrue each 30-day period that an outstanding balance remains on my account. If a balance is not paid in full, I agree to pay all collection and court costs, including attorney fees.

II. RALEIGH COMMUNITY ANIMAL HOSPITAL TEAM HOURS DISCLOSURE:

RCAH has medical team on site during the stated hours listed below.

Continuous medical care IS NOT provided on site during any time not listed.

Monday, Wednesday, Friday:	730a – 600p
Tuesday, Thursday:	730a – 700p
Saturday:	800a – 12n

III. MARKETING AND MEDIA AGREEMENT:

RCAH has permission to use any photos/videos of you and your pet for training and/or advertising/marketing purposes. Name of owner will not be released; however, you grant permission to use your pet's name.

By signing below, I acknowledge and accept the terms and conditions stated in sections I, II, and III.

CLIENT SIGNATURE:	DATE:
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