



705 Main Street P.O. Box 307 Ashton, IL 61006
Call: 815-453-2171 Fax: 815-453-2169 Email: ashtonvet@ashtonvet.com

CLIENT AND PROVIDED SERVICES AGREEMENT

Ashton Animal Clinic thanks you for the opportunity to care for your animal. Professional fees are to be paid at the time of service.

Please fill in all of the following information:

<u>Client name:</u> _____	<u>Co-owner/other:</u> _____
Home address: _____	Cell phone: _____
City, state, zip _____	Work phone: _____
Home County: _____	Email: _____
Mailing address: _____	Driver's license _____
City, state, zip _____	SS# _____
Work address: _____	
City, state, zip _____	<u>Emergency contact:</u> _____
Home phone: _____	Home phone: _____
Cell phone: _____	Cell phone: _____
Work phone: _____	Work phone: _____
Email: _____	Email: _____
Driver's license: _____	
SS# _____	<u>Referred by:</u> _____
	Phone: _____
<u>Patient name:</u> * _____	Email: _____
Species: _____	
Breed: _____	<u>Heard about AAC from:</u> Internet Radio Friend Other _____
Sex: _____	
Spay/neuter: _____	<u>For staff only:</u> _____
Date of birth: _____	Client ID: _____
Age: _____	Staff ID: _____
Color: _____	Date: _____

*Additional room for patients on the second page of this agreement.

AGREEMENT INFORMATION

The information provided in this agreement will help Ashton Animal Clinic better serve the needs of you and your animal(s) and maintain accurate records. In this agreement the word 'client' will refer to the owner and/or co-owner of the animal(s). This agreement is between the client and Ashton Animal Clinic.

EXPECTATIONS OF SERVICES PROVIDED

Veterinary services will be provided by Ashton Animal Clinic for paying clients. For services or procedures beyond the level of care ordinarily provided by Ashton Animal Clinic, recommendations to other veterinary hospitals will be made. Such ordinary care provided by Ashton Animal Clinic includes routine spays, neuters, sick appointments, teeth cleaning, vaccinations, and minor surgeries. Staff will forward medical records at the request of a client without an outstanding balance. Ashton Animal Clinic cannot professionally or ethically provide guarantees on the outcome of any service.

In the event of an emergency that would require a veterinarian, please call Ashton Animal Clinic at 815-453-2171 for further directions.

The staff at Ashton Animal Clinic operates under the Veterinarian's Oath and the limitations of state and national law. Ashton Animal Clinic maintains a professionally trained staff and a high level of patient care.

EXPECTATIONS OF CLIENT

The client will be required to submit all information about his or her animal(s) truthfully and willfully to Ashton Animal Clinic and its staff. Such information for the animal(s) may include: medications, diet, bodily functions, age, engagements with other animals, vaccinations, past surgeries, and other medical history or pertinent information.



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The client will pay for services rendered at the time they are provided, without exceptions. It is the client's responsibility of scheduling routine vaccinations and providing the proper diet, water, exercise, and shelter the animal(s) need.

LATE FEES

Services provided by Ashton Animal Clinic including regular preventative medicine and emergency calls cannot be continued if the client's account is past due. End of month billing charge of \$2.00 and returned check fee of \$35.00 will be charged as necessary. By signing below, the client testifies he or she is the legal and responsible owner for the aforementioned animal(s) to include past and future animals birthed, purchased, gifted, or otherwise obtained. With the client's signature he or she grants Gould Clinics, Inc. doing business as Ashton Animal Clinic to include collection fees, attorney's fees, and/or court costs, and a one and one half percent (1.5%) compounded monthly late fee for any and all of the client's accounts thirty (30) days past due.

Please understand the health of your animal is very important to us and we wish to offer the best veterinary services for your animal. Professional fees are to be paid at the time of service. Thank you for communicating with us and choosing Ashton Animal Clinic as your animal's healthcare provider.

Signature of Client _____ Date _____

Signature of Co-owner _____ Date _____

Additional Patients:

<u>Name:</u>	<u>Species:</u>	<u>Breed:</u>	<u>Color:</u>	<u>Sex:</u>	<u>Spay/Neuter:</u>	<u>Date of birth:</u>	<u>Age:</u>
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Notes: