



**A Caring Heart Veterinary Hospital, PLLC
Client Information Update Form**

Date:

Name:

Secondary Name:

Address:

City:

State:

Zip:

Phone:

Employer :

Email:

Referred By:

Pet Name:

Species:

Age:

Breed:

Gender:

Color:

Driver's License:

Social Security Number:

DOB:

Our client's privacy is very important to us. We assure you that your information will be carefully protected.

I Do Do Not give representatives and employees the right to take photographs of me and my pets to use and publish the same in print and/or electronically on Social Media and in advertising.

I understand and agree to pay A Caring Heart Veterinary Hospital, PLLC when services are rendered for any and all pets I bring in. Acceptable forms of payment are cash, credit card, check, and care credit. In the event of default, I understand that I will become liable for any reasonable attorney and collection fees and all related cost necessary to remit the entire balance to A Caring Heart Veterinary Hospital, PLLC.

I authorize A Caring Heart Veterinary Hospital, PLLC to contact me via current and any future cellular phone number(s), email address, or wireless device(s) regarding my delinquent account(s) I owe to A Caring Heart Veterinary Hospital, PLLC. To receive general information from A Caring Heart Veterinary Hospital, PLLC I also authorize it's agents, representatives and attorneys (including collection agencies) to use automated telephone dialing equipment and artificial or pre-recorded voice messages and personal calls, in their effort to contact me for purposes of collecting any portion of my account which is past due. I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to A Caring Heart Veterinary Hospital, PLLC or it's agents.

I/We have read this disclosure and agree to the terms described above.

Signature: Date: