



**Akron
Veterinary Clinic, Inc..**

Client #

13438 East State Road 114
Akron, Indiana 46910
Phone: (574) 893.4028
Toll Free: (866) 373-2860
24 Hour Emergency: (574) 223-0900
Clinic Director: Tammy Bone
Dr. Bill N. Howard, Jr. DVM

Please fill in information to the best of your knowledge!

NAME: _____

SPOUSE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS - HOME: _____
CELL: _____
EMERGENCY: _____

DRIVER'S LICENSE – NUMBER: _____/Email: _____

Where did you hear about us?? _____

PLEASE LIST YOUR PETS

NAME: _____
BREED: _____
DATE OF BIRTH/AGE: _____
(circle as applicable) M F SPAYED NEUTERED
COLOR: _____ MARKINGS: _____
VACCINATION HISTORY: _____
HEARTWORM PREVENTION HISTORY: _____

NAME: _____
BREED: _____
DATE OF BIRTH/AGE: _____
(circle as applicable) M F SPAYED NEUTERED
COLOR: _____ MARKINGS: _____
VACCINATION HISTORY: _____
HEARTWORM PREVENTION HISTORY: _____

Comments/other information: _____

We are a **"Cash and Carry"** business and expect all professional services to be **paid in full at the time of that service.** Payments up to 90 days may be arranged in extenuating circumstances – please discuss terms with Tammy Bone, Business Manager, 574-893-4028. Finance charges of 1.5% per month, or 18% per year, will be charged for accounts over 30 days. Should account become seriously delinquent, all service charges, finance charges, and collection fees will be account holder's responsibilities. Thank you and we appreciate your business!

SIGNATURE: _____ DATE: _____