



**Disputanta Animal Hospital**  
Dr. Kim Eaton, 8401 County Drive  
Disputanta, VA 23842

## Client Addendum Sheet

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Driver's Lic. ST \_\_\_\_\_ No. \_\_\_\_\_

**Please read and initial each of the following with regards to payment:**

\_\_\_\_\_ **Payment is expected at the time service is rendered**

**Method of Payment Today:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

**Please read and initial each of the following with regards to payment:**

There may be certain cases where **½ down payment** is due upon arrival of hospitalized or boarded animals. The remainder of the bill is due upon retrieval of your pet. Special arrangements for credit due to mitigating circumstances such as emergencies must be made prior to leaving your pet with Dr. Kim Eaton or Dr. Heather Casey.

- \_\_\_\_\_ 1. If for any reason a pre-scheduled payment is declined or returned, there will be a • 10% penalty fee on the unpaid balance due, in addition to the • \$35.00 returned check fee per incident. There is also a • \$25.00 Decline fee for credit cards per incident.
- \_\_\_\_\_ 2. In the event no payment has been received within a 30 day period, the account will be turned over to our collections department and client will be responsible for all • collections fees/costs, • attorney's fees, • penalty fees, and • interest charges not less than 10% per 30 day cycle on entire unpaid balance.

**Signature:** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

Receptionist Initials \_\_\_\_\_

Copy of Driver's License Obtained \_\_\_\_\_