

Rose Hill Veterinary Practice, P.C. – Large Animal

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Providing the Best in Production Management, Medicine, and Surgery

* Account Name: _____

* Name of person(s) financially responsible: _____ * Driver Lic. No.: _____

* Home phone: _____ Cell phone: _____ Email address: _____

* Mailing Address: _____

* Physical Address/County: _____

* Employer: _____ * How long: _____ Work phone: _____

* Tax Exempt: Y _____ N _____ If yes, please provide RHVPPC-LA with VA Form ST-18.

* Premise ID Number: _____ Alternate contact information: _____

Directions: _____

If you are unavailable, alternate contact information: _____

Prior Vet.: _____ Is Patient

* Patient's Name Age/DOB Breed Color Gender Comments Leased

If patient is leased, please provide owner contact information and a copy of the lease agreement: _____

How did you hear about us (word-of mouth/phonebook/other): _____

* Type of account requested: ¹COD ____ ²Automatic payment by **Visa, MasterCard, AmEx, or Discover**. _____ ³Credit. _____
Third party billing is not accepted.

¹COD account: **PAYMENT IS ALWAYS DUE AT TIME OF SERVICE.**

²Automatic payment: **The Authorized credit card will be processed at the end of the month, and a paid receipt will be mailed/emailed.**

Authorized Visa, MasterCard or Discover Credit Card No. _____

Exp. Date ____ Name on Card ____ Billing address zip code _____

For security purposes, a staff member may contact you for the 3 digit V-Code found on the back of your credit card.

³Credit: **Credit Application for Rose Hill Veterinary Practice, PC – Large Animal (RHVP, PC-LA) must be completed; banking information and three (3) credit references are necessary to be considered.** Monthly bills are sent out the first day of each month. A service charge of 1.5% per month will be added to all amounts billed if not paid by the end of the month. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. If account is 45 days in arrears the account is considered delinquent, and the credit card number, if provided, may be used to secure the account. In the event that this account goes unpaid, you agree to reimburse RHVP, PC-LA the fees of any collection agency, which may be based on a percentage at a maximum or 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees incurred in our collection efforts.

If an appointment needs to be cancelled please allow 24 hours notice. A Farm Call charge, or \$35.00 fee, may be charged for missed appointments.

Privacy Policy: RHVP, PC-LA is committed to protecting your privacy. RHVP, PC-LA does not sell, rent, or give out any personal, or patient information without your permission. RHVP, PC-LA makes every attempt to keep your information secure. By supplying the information above you are giving consent to RHVP, PC – LA to use this information to provide you with information related to patient care.

(*)Signed: _____

(*)Date: _____

(*) **Required information.**

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rosehillvet@comcast.net

Credit Application for Rose Hill Veterinary Practice, P.C.- Large Animal

The undersigned is applying for credit with Rose Hill Veterinary Practice, P.C. – Large Animal (RHVP, PC - LA), and agrees to abide by the standard terms and conditions set forth below.

Client's name	
DBA (if different)	
Contact person	
Address	
Phone	Fax
Federal tax ID or Social Security number	
Employer	Yearly salary \$
Employee contact person	Amount of credit approved \$

Banking information and three (3) credit references are necessary to be considered.

Bank	Account #
	Phone
	Contact person
	Name of bank
	Address
Credit Reference	Creditor's name and Account #
	Phone
	Contact person
Credit Reference	Creditor's name and Account #
	Phone
	Contact person
Credit Reference	Creditor's name and Account #
	Phone
	Contact person

I represent that the above information is true and correct to my knowledge and belief. I authorize RHVP, PC. - LA to make such credit investigation as it sees fit, including contacting the above references and obtaining credit reports. I authorize all references, banks, and credit reporting agencies to disclose to RHVP, PC - LA any and all information concerning the financial and credit history.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Signature: _____

Printed name: _____

Title: _____ **Date:** _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

Bills are sent the first day of the month. All bills are due and payable on receipt and if not received by the end of the month are considered past due. A service charge of 1.5% per month will be added to all amounts billed if not paid by the end of the month. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. If account is 45 days in arrears the credit card number provided may be used to secure the account.

Personal Guarantee: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantees payment for all items purchased on credit by the corporation.