759 Highway 14A
Powell, WY 82435
Office - 307.754.VETS Fax - 307.754.7277 redbarnvets@gmail.com

RED BARN VETERINARY SERVICES

Owner Name:_____ DL #:_____

Address:_____ City:_____ State:_____ Zip:_____

Place of Employment:_____ Date of Birth: _____

Home #:_____Cell #:_____Work #:_____

Email Address:_____

Co-Owner Name:_____ Phone #:_____

List all animals below:

| Name | Dog/cat/etc | Breed | Age | Color | Female Spayed/ Male Neutered? |
|---|---|---|---|---|---|
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Animal being seen today:_____

Reason for Visit:_____

Vaccination history:_____

Current medications:_____

Describe your pet's diet including brand and amount:_____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I understand that any remaining balance will accrue a monthly service charge at 1.5% interest. I understand that if the bank should fail to honor and check held as above, the entire unpaid balance shall be considered in default. I will be charged a return check fee of $30.00 for each check returned. Any unpaid accounts that are sent to collections will be assessed a $35 or 35% (whichever is greater) collection fee/court cost and attorney fees. Signing below, I certify that I have read and agree to the terms of this agreement.

Method of Payment (circle): CASH CHECK CREDIT CARD OTHER_____

SIGNATURE OF OWNER:_____DATE:_____