



VETERINARY SERVICES AGREEMENT

Premier Paws At Timberline
950 NE Frontage Rd.
Joliet, IL 60431
Timberline@premiervet.care

Thank you for choosing Premier Paws At Timberline to care for your animal(s). Please take a few minutes to provide us with the information listed below. All new clients must pay for their appointment at time of service by cash or credit card

Owner Information				
Name:				
Email:	Address:			
Home Phone:				
Mobile Phone:	City:	State:	Zip:	
How did you hear about our clinic?		I was referred by:		
Preferred communication method (please select one or more): ☐ phone ☐ text ☐ email				
Alternate Contact				
Name:		Relationship to Owner:		
Email:		Mobile Phone:		
Authorized Agent(s)				
Name:		Mobile Phone:		
1. Pet Information				
Name:	Breed:	Color:	Sex: ☐ Male ☐ Neutered	
Registered Name:	Birthdate:		☐ Female ☐ Spayed	
2. Pet Information				
Name:	Breed:	Color:	Sex: ☐ Male ☐ Neutered	
Registered Name:	Birthdate:		☐ Female ☐ Spayed	
3. Pet Information				
Name:	Breed:	Color:	Sex: ☐ Male ☐ Neutered	
Registered Name:	Birthdate:		☐ Female ☐ Spayed	
FINANCIAL RESPONSIBILITY & Payment Information				
By signing below, I hereby authorize the veterinarians or Premier Paws At Timberline to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges accrued in the care of this animal. I understand that ALL CHARGES ARE DUE AT THE TIME OF SERVICES ARE RENDERED AND/OR AT THE TIME OF DISCHARGE. A \$35.00 service charge will be incurred on any returned payment. Estimates are based on your pet's status and may change if medically appropriate. Any verbal or written estimate of charges is only a best approximation, and the final charges may be less than or greater than this amount. All prices are subject to change without notice. Deposit is required for surgical procedures. If fees for services are not paid in accordance with, the provisions herein, reasonable attorney's fees, plus applicable finance charges can be applied to all amount that are at least 30-days past due at the rate of 2% per month. If the account is in default and turned over for collection, I acknowledge that I will be responsible for a \$35.00 fee and all reasonable costs associated with effecting collection. I verify that all information provided is accurate.				



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Is Pet Insured: Yes ☐ No ☐	Insurance Company & Contact:
Premier Paws At Timberline payment policy is payment at time of service. Please indicate your method of payment.	
☐ Card on File ending in 4 digits _____ ☐ Payment at appointment	
Signature:	Date:
Printed Name:	
Deposit due at admission and balance due at time of discharge	