

**BECKER VETERINARY CLINIC, LLC**

**CLIENT INFORMATION**

**PRIMARY CONTACT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Vaccination Reminder:** Please select ONE  Email OR  Postcard

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Social Security Number \_\_\_\_\_ OR Driver's License Number \_\_\_\_\_

**SPOUSE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Social Security Number \_\_\_\_\_ OR Driver's License Number \_\_\_\_\_

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Payment in full is expected upon completion of services.

A finance charge of 1.5% per month, 18% APR, is added to all accounts not paid after 30 days.  
The minimum finance charge is \$4.00.

A \$30 charge will be added for all returned checks.

We reserve the right to add collection fees to all accounts past due.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_