

# MOXEY SCHREIBER VETERINARY HOSPITAL, INC

1650 Commercial Avenue, Sheridan, Wyoming 82801

Mark Schreiber DVM

Sarah Schreiber DVM

Cindy Hager DVM

Karen Serres DVM



## Service and Payment Agreement

**Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Ext. #** \_\_\_\_\_

**Spouse's Place of Employment:** \_\_\_\_\_

**Spouse's Work Phone Number:** \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_

**Phone # of Reference:** \_\_\_\_\_

Payment in full is due upon completion of services. I/We understand that I/we am/are responsible for all invoiced charges. In the event payment is not received upon completion of services, a \$2.50 or 3% whichever is greater, per month service charge will be added monthly until the account is paid in full. Any account balance in excess of \$1000.00 will be charged a service charge at a rate of 1.75% per month.

A \$30.00 fee accessed for any non-sufficient fund check returned by bank.

I/We also agree to be responsible for reasonable attorney's fees and court costs necessary to collect payment on any past due account.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: 307-672-5533

Fax: 307-672-6664

Email: [msvh@moxeyvet.com](mailto:msvh@moxeyvet.com)