

MOXEY SCHREIBER VETERINARY HOSPITAL, INC

1650 Commercial Avenue, Sheridan, Wyoming 82801

Mark Schreiber DVM
Cindy Hager DVM
Sammie Perkins DVM

Sarah Schreiber 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: _____

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.

If you have included a cell phone, you are giving our office or assignee permission to call the phone.

Signed: _____ **Date:** _____

Phone: 307-672-5533
Fax: 307-672-6664
Email: msov@moxyvet.com