



STONE
RIDGE
ANIMAL CARE LLC

P. (812) 867-7335 F. (812) 626-1145 E. INFO@SRAC40.COM
40 E. BOONVILLE NEW HARMONY RD. | EVANSVILLE INDIANA 47725

CLIENT REGISTRATION FORM

Owner's Name _____
FIRST MIDDLE LAST SSN LAST 4 DIGITS
Address _____
STREET CITY STATE ZIP
Home Ph. _____ Cell Ph. _____ Owner's DOB _____
Employer _____ Empl. Add. _____
Ph. _____ Email _____ Driver's Lic. # _____

Spouse's name _____
FIRST MIDDLE LAST SSN LAST 4 DIGITS
Cell _____ DOB _____ email _____
Employer _____ Work Ph. _____

Pet #1 Name _____ DOB or Age _____
Sex Male Male Neutered Female Female Spayed
Breed _____ Color _____
Pet #2 Name _____ DOB or Age _____
Sex Male Male Neutered Female Female Spayed
Breed _____ Color _____

ALL PAYMENT IS DUE AT TIME OF SERVICES

Please indicate your method of payment:

Cash Personal Check Credit Card Care Credit

PAYMENT IN FULL IS DUE TODAY FOR OUTPATIENT SERVICES. IF YOUR PET IS HERE FOR SURGERY, HOSPITALIZATION, OR BOARDING A DEPOSIT IS REQUIRED AND THE BALANCE MUST BE PAID IN FULL WHEN YOU PET GOES HOME. THANK YOU

FINANCIAL RESPONSIBILITY AGREEMENT: I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES FOR THE CARE OF MY PET(S) PROVIDED BY STONE RIDGE ANIMAL CARE, LLC. I UNDERSTAND A FINANCE CHARGE OF 2.00% MONTHLY, (24% ANNUAL PERCENTAGE RATE) WILL BE CHARGED ON ANY PAST DUE BALANCE SHOULD THE ACCOUNT BECOME 30 DAYS DELINQUENT. I UNDERSTAND A \$40.00 FEE WILL BE ASSESSED FOR ANY RETURNED CHECKS AND ADDED TO THE ACCOUNT. I UNDERSTAND THAT IF ANY UNPAID BALANCE IS ASSIGNED TO A THIRD PARTY COLLECTION AGENCY FOR COLLECTION OR PLACED WITH AN ATTORNEY TO OBTAIN JUDGMENT OR OTHERWISE SATISFY PAYMENT OF MY ACCOUNT A COLLECTION FEE OF 35% WILL BE ADDED TO MY ACCOUNT. I AGREE TO PAY THAT FEE. I FURTHER AGREE TO PAY REASONABLE ATTORNEY FEES AND COURT COSTS. I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

Signature of Responsible Party _____ Date _____
Signature of Responsible Party _____ Date _____