

Kent Veterinary Center
Dr. Judy Tubman
31239 Chesterville Bridge Road
Millington, MD 21651
410-928-5700 *Fax 410-928-3541

NEW CLIENT INFORMATION/SERVICE AGREEMENT

Owners Name: _____

Billing/Mailing Address: _____

Home/Street Address: _____

E-Mail Address: _____

Contact Information:

Home: () _____ Work: () _____

Cell: () _____ Fax: () _____

Patient Information including those listed below but not limited to:

NAME	COLOR	BREED	SEX	AGE

I authorize the work done on my animals listed above (& those not listed). I understand and agree with the terms and I am responsible for paying the bill for all services rendered; including but not limited to: finance charges @ the rate of 1.5% per month, court costs, billing charges of \$20.00/month that are applied to all accounts that are not paid within 15 days. I understand that Visa/Mastercard and cash payments are accepted and that there is a 5% charge for credit cards, and that no personal checks are accepted. I agree to pay-in-full at the time services are rendered unless other arrangements are made in writing with Dr. Tubman.

Any disputes of a legal matter must be settled in Kent County, Maryland.
The signatory has read and is bound by this agreement.

Signature of Client
(or Parent/Legal Guardian if less than 18 years of age)

Date