



# Gem City

VETERINARY SERVICES

## **Client Information Update / Payment Policy**

Dr. Crystal Gill and Dr. Jacque Murray

1301 So. 3<sup>rd</sup>

Laramie, WY 82070

755-5469

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Email\* \_\_\_\_\_

\*By providing you email, you agree to receive email vaccine reminders for your pet and occasional informational emails from us. We will never give out your email to other entities.

### **New Pets:**

**Altered**

**Microchip**

<b>Name</b>	<b>DOB/Age</b>	<b>Species</b>	<b>Breed</b>	<b>Color</b>	<b>Sex</b>	<b>(yes/no)</b>	<b>(yes/no)</b>
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### **Authorization**

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume full responsibility for all charges incurred in the care of the animal(s). I understand that all professional fees are due at the time of service unless other payment arrangements have been made. In the event that fees are unpaid, I understand that a monthly service charge of 1.75% or \$5.00, whichever is greater, with an additional delinquent fee of \$30.00 will be imposed on the outstanding balance. Should my account be referred to an attorney or collection agency, as a result of non-payment, I agree to pay all reasonable attorney fees, court costs, and collection expenses.

Signed \_\_\_\_\_

Date \_\_\_\_\_