



All God's Creatures Holistic Healthcare, LLC

7179 E County Road 700 S

Velpen IN 47542

Client Registration Payment Form
The below form will be kept confidential.

Owner's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Method of Contact for automatic reminders (circle one): Voicemail / Text / Email

If text or voicemail selected please provide the preferred phone number: _____

Preferred Method of Contact for staff to contact you (circle one): Home / Cell / Email

Date of Birth: _____ Social Security Number (required if using checks) _____

Driver License Number (required if using checks): _____

Employer: _____ Work Phone Number: _____

Spouse/Co-Owner's Name: _____ Spouse/Co-Owner's Cell Phone Number: _____

Who told you about us? _____

PAYMENT IS DUE AT TIME OF SERVICES

Method of payments available:

Cash Personal Check Credit Card/Debit Card

Payment is due today for services. If your pet is here for surgery, hospitalization, or boarding, a deposit may be required and balance will be due when your pet goes home. Thank you. I understand that I am responsible for all charges for the care of my pet(s) provided by All God's Creatures Holistic Healthcare, LLC. A finance charge of 1.5% monthly (18% Annual Percentage Rate) will be charged on any past due balance should the account become 30 days delinquent. If the account is assigned to a third party collection agency for collection, I understand that a charge of 33% of the unpaid balance at the time of assignment will be added to the account to cover the costs and administrative fees. If a suit is filed and taken to court, a 45% fee of the unpaid balance will be added to the account. I agree to pay the collection charge, plus interest, court costs and attorney fees if applicable. I understand and agree to the above terms.

Signature of responsible party: _____ Date: _____