



# Dawson Creek Veterinary Clinic

238-116 Avenue, Dawson Creek BC, V1G 3C8  
Small Animal 250-782-5616, Large Animal 250-782-1080  
[www.dcvet.ca](http://www.dcvet.ca)

## Veterinary Services Agreement

Thank you for retaining Dawson Creek Veterinary Clinic (2002), Ltd. (DCVC) as your Veterinary Services provider. This agreement applies to all animals owned or leased by the Client and applies to any and all veterinary services provided by DCVC, including but not limited to, in or out patient services, procedures, medicines and supplies and farm calls.

### Client Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

VSI number (if you are in VSI Eligible County in Alberta): \_\_\_\_\_

Tax Exemption Number (Farmer Identity number): \_\_\_\_\_

Directions to farm: \_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_

### Authorized Agent:

Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

I authorize my agent to make appointments, order medications and supplies and give him/her permission to charge such appointments/medication/supplies to my credit card: Yes No (please circle one)

**Payment Information and Preferences:**

Our office does not offer in house payment plans, we do accept the following forms of payment:

Cash, Debit cards, E. transfers, VISA, MasterCard, and check.

We also accept Medicaid financing, which is a financing plan that allows qualified applicants to divide payments over several months.

I would like to receive my invoices by email    Yes      No      (please circle one)

I would like to have my fees automatically charged to my credit card. Fees will be billed at the time of service or sale and an invoice will be sent to me by email    Yes      No      (please circle one)

**Payment Policies:**

1. I represent that I am presently able to comply with the payment terms herein.
2. I understand that I must pay for all services rendered and medication or supplies purchased in full upon receipt of invoice.
3. If payment is not received within 30 days of receipt of invoice, I agree to settle my account by allowing DCVC to automatically charge the balance on my credit card.
4. Late charges will be applied to my account at a rate of 3% a month for any overdue balance.
5. I agree to provide DCVC with current information and data regarding any changes in address, credit cards, expiration dates, and DCVC is authorized to revise its records accordingly.
6. If paying by check, I agree to pay for all bank charges incurred by DCVC if check is returned, in addition to a \$25 returned check fee.
7. Delinquent accounts will be pursued via small claims court or a collection agency.

**Credit Card Information:**

Card type: VISA    MASTERCARD    MEDICARD

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_      Verification code (3 digits on back of card): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**I agree to the terms listed above by Dawson Creek Veterinary Clinic (2002) Ltd, and agree to keep my account in good standing. I understand that veterinary services will not be provided if my account is not held in good standing.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_