



90 WEST LARAMIE DRIVE  
 RENO, NV 89521  
 (775) 849-0120 (775) 849-3129 FAX  
 WWW.COMSTOCKEQUINE.COM

## CLIENT INFORMATION CARD

OWNER'S NAME AND ADDRESS	Mr. Mrs. Miss Dr.		
	LAST	FIRST	MIDDLE
	STREET		
	CITY, STATE		ZIP CODE
	HOME PHONE	CELL PHONE	EMAIL
EMPLOYER'S NAME AND ADDRESS	NAME		BUSINESS PHONE
	STREET		
	CITY, STATE		ZIP CODE

The undersigned, being the owner of the animal (s) or owner's authorized agent, having been fully informed of the nature and extent of the purpose of treatment and/or surgery on the animal(s) and of the hazards and possible consequences involved in such treatment and/or surgery, hereby consents to such treatment and/or surgery and agrees to hold Comstock Large Animal Hospital and its stockholders, professional veterinarians, employees, and agents free and harmless from any and all claims, demands, or suits for damages resulting from death of, injury to, pain or suffering of the animal(s) and consequential effects to the undersigned arising out of or resulting from such treatment and/or surgery.

The undersigned further agrees to pay to Comstock Large Animal Hospital all charges for such treatment and/or surgery, including the costs of all medicine and supplies used or furnished in connection with such treatment and/or surgery, which charges shall be due and payable upon completion of such services and receipt of our statement for services rendered. If payment in full of our statement for services rendered is not received within thirty (30) days of the date of said statement, the undersigned further agrees to pay interest at the rate of one and one-half percent (1.5%) per month, compounded monthly, on the outstanding balance of said statement from the date of our initial statement until our statement is paid in full together with late payment fees of Two Dollars (\$2.00) for each additional statement sent to the undersigned.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Owner or Agent

DUE TO RISING OPERATIONAL COSTS, WE HAVE ESTABLISHED THE FOLLOWING POLICY  
**PAYMENT AT TIME OF SERVICES RENDERED**

MASTER CHARGE

VISA  
 ACCEPTED

PERSONAL CHECKS

REFERRED BY \_\_\_\_\_

DATE \_\_\_\_\_