



Dr. Bruce Pedersen · Dr. Chad Foust · Dr. Carl McQueary  
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## Updated Client Information

### CLIENT INFORMATION

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer/Occupation: \_\_\_\_\_

By checking this box you are opting into text and email messages.

### PATIENT INFORMATION- Additional pets continue onto back page

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M / F

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Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M / F

### EMERGENCY CONTACT/SECONDARY CONTACT

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

### PAYMENT IS DUE AT TIME OF SERVICE

We will gladly prepare a written estimate if you desire (please ask our team to get this for you) **ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept cash, all major credit cards, Care Credit and Scratch Pay. **NO PAYMENT PLANS WILL BE OFFERED.**

- There will be a 15% annual interest charge assessed on all outstanding invoices older than 30 days. All fees will capitalize at each new billing cycle before new interest or charges are assessed. If an invoice has an outstanding balance after 90 days and is not paid in full, the account will be sent to collections.

We thank you for choosing Butte Veterinary Center to take care of your beloved pet and hope for your continued support. We are here to help so please feel free to ask any questions.

I have read, understand, and agree to the above statements and policies and hereby authorize Butte Veterinary Center to render medical or surgical care for my pet(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_