

HOXIE VETERINARY SERVICE, P.A.

1367 N. Highway 23
Hoxie, KS 67740

Phone: (785) 675-3378
Fax: (785) 675-2232

Date: _____

Client ID #: _____

Name: _____

Home #: _____

Spouse/Other: _____

Cell #: _____

Mailing Address: _____

Cell #: _____

City, State, Zip: _____

E-mail: _____

We require the following information for billing purposes. Without this information, you will not be allowed to charge to your account and will be expected to pay at the time of each service.

We accept cash, check, Visa, and MasterCard.

Driver's License: _____ SSN: _____

Spouse Driver's License: _____ SSN: _____

Employer: _____ Work #: _____

Employer Address: _____

Spouse Employer: _____ Work #: _____

Employer Address: _____

***A finance charge of 1.5%, \$1.00 minimum, will be charged on accounts not paid in full within 30 days.*

Client signature: _____

Pet Information:

Name:	Sex:	S/N:	Breed:	D.O.B./Age:	Color/Markings: