Swift Creek Pet Resort
2331 Colony Crossing Place
Midlothian, VA 23112
(804) 665-2566

SWIFT CREEK
Pet Resort

2017

New or Revised (Circle) Date of Completion: ___/___/____

Owner Last Name:	**Co-Owner Last Name:**
Owner First Name:	**Co-Owner First Name:**
Phone #:	**Phone #:**
Address: **City:** **Zip:**	**Address:** **City:** **Zip:**
Email:	**Email:**

Veterinary Office Used by Client

☐ Swift Creek Animal Hospital

☐Other

Veterinary office Name_____

City_____ State_____

Service Authorization and Payment Terms:

I AGREE that I or my agent will make payment in full at any time product or service is provided for my pet or any animal brought into the Pet Resort by me or my agent. I understand that NO billing or payment plan options will be offered by Swift Creek Pet Resort/Swift Creek Animal Hospital. I understand there is a service charge (of 1.75% or $5.00, whichever is greater) that may occur and accrue each thirty (30) day period that an outstanding balance stands on my account. If a balance is not paid in full, I agree to pay all collection and court costs, including attorney fees. I certify that I am 18 years of age or older and the information given above to be accurate.

Swift Creek Pet Resort's Business hours:
Monday – Friday
8:00 a.m. – 7:00 p.m.
Saturday
8:00 a.m. – 12:00 p.m.
6:00 p.m. – 7:00 p.m. (pick up ONLY)
Sunday
8:00 a.m. – 12:00 p.m.
5:00 p.m. – 7:00 p.m. (pick up ONLY)

By signing below, I acknowledge and accept the terms and conditions stated.

Client Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____