



**Harmony Hill**  
Animal Hospital

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23520 Overland Drive Suite 110

Sterling, VA, 20166

Ph: 1-571-200-8500

Fax: 703-665-2240

Email: info@harmonyhillanimalhospital.com

## Client Registration

### Contact Information

#### Primary Contact

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

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

Primary Phone (home/work/cell): \_\_\_\_\_ Secondary Phone (home/work/cell): \_\_\_\_\_

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

Preferred contact method: Email Phone

Driver's License or Social Security #: \_\_\_\_\_

*(Required for writing checks)*

#### Additional Contact:

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

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

Primary Phone (home/work/cell): \_\_\_\_\_ Secondary Phone (home/work/cell): \_\_\_\_\_

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

How did you find us? \_\_\_\_\_

#### MEDIA POLICY:

We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media?

Yes, I authorize HHAH to share my pet's photo & story at any time.

No, I do not authorize this.

#### FINANCIAL POLICY:

Our office accepts Visa, Mastercard, Discover and Care Credit, along with cash and checks (only with current DL or SSN information on file). Full payment is due at the time of service. Our staff is happy to provide any client with a written treatment plan prior to services being rendered. Clients will be responsible for a 1.5% monthly finance charge on accounts over 30 days and any collection fees on accounts over 90 days, as well as a \$25 fee for any returned checks. As of June 1, 2019, we offer 6 months, no interest financing via Care Credit for clients in need of a credit plan as well as options through ScratchPay. No other payment plans are offered at this time. Your signature below indicates your agreement with this policy.

Client Signature \_\_\_\_\_