

Darke County Veterinary Service, L.L.C.  
Chris W. Gilbert D.V.M.  
7630 St. Rt. 118  
Greenville, OH 45331  
Phone 937.548.0960

Welcome to Our Practice

Today's Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Co-owner's Name \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # (only if paying by check) \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Which phone number is best to reach you between 8 am – 5pm? \_\_\_\_\_

EMERGENCY contact (if we are unable to reach you or co-owner) \_\_\_\_\_

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Pet's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Breed \_\_\_\_\_ F M Spayed/Neutered

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**Prompt payment assures maintenance of a well equipped and well-stocked practice for the highest level of quality care. Therefore, the following payment policy is mandatory. ALL ROUTINE SERVICES, PRESCRIPTIONS, AND PRODUCTS MUST BE PAID AT THE TIME OF SERVICE OR WHEN THE IS PET DISCHARGED.**

We accept cash, personal checks, and Visa/MasterCard. In case of emergency hospitalization, deposit arrangements **must** be made with the Office Manager. On your request we will provide you with a written estimate of fees before care is provided. A \$20.00 service charge will be assessed on all returned checks. A billing fee and finance charge will be assessed on all past due accounts.

**Signature:** \_\_\_\_\_