



**Dr. Brady J. Bergin • Dr. Lisa Silk • Dr. Juan Guerra**  
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**CONTRACT FOR VETERINARY SERVICES**

Mahalo for choosing Aina Hou Animal Hospital LLC for your veterinary services. Patient and client care is vital to our business and we take great pride in serving you. Our hours of operation are Monday through Friday from 8:30am - 5:30pm. We also offer 24 hour emergency service 7 days a week. **Fees are payable at time of service or upon discharge from our hospital.** We accept payment by cash, check, Visa/MC as well as CareCredit (a monthly financing option). You may leave a credit card on file for direct billing by filling out the form below. Overdue accounts (more than 30 days) will accrue a monthly finance charge of 1.5%. Returned checks will receive a \$25.00 penalty charge.

Client Name:		Ph:	Cell:
Email:			
Billing Address:		Physical Address (Location/Directions):	
Payment <i>(please circle)</i> cash    check    Visa / MC    CareCredit			
Name as it appears on card:			
Credit card #:			
Exp date:		V code:	
Signature:			
SSN#/ DL#			

Name :	Breed:	Color:
	Age:	Gender:
Name :	Breed:	Color:
	Age:	Gender:
Name :	Breed:	Color:
	Age:	Gender:

How did you hear about us? ☐ Referred by \_\_\_\_\_  
☐ Internet Search ☐ Website ☐ Facebook ☐ Yellow Pages ☐ Newspaper ☐ Drove By/Walk-in  
☐ Other (please indicate) \_\_\_\_\_

***Please fill out the back side of this sheet***

### CONTRACT FOR VETERINARY SERVICES

Client(s) have engaged Aina Hou Animal Hospital LLC to provide services for their animal(s.) Client(s) agree that in consideration for the services received from Aina Hou Animal Hospital LLC that they will be financially responsible for payment of all fees, medications and veterinary services provided to them, for the above mentioned animals and any other animal seen while under Client(s) care.

Client further agrees as follows:

1. I/we are the owner or agent of the above listed animals and am responsible for it and have the authority to execute this consent.  
Initial \_\_\_\_\_
2. I/we hereby authorize Aina Hou Animal Hospital LLC to utilize safe physical restraint, administer anesthetics/medications and perform necessary diagnostic and/or treatment procedure(s) as deemed advisable for my animal(s). I understand no guarantee has been made as to the results or care. I understand that there may be risks associated with these procedures and I accept those risks.  
Initial \_\_\_\_\_
3. I/ we indemnify and hold Aina Hou Animal Hospital LLC harmless from and against any and all liability arising out of the performance of any procedures referred to above as well as any loss or injuries due to care, custody or handling.  
Initial \_\_\_\_\_
4. I/we will call within 24 hours of scheduled appointments to cancel or reschedule and if we do not do so we acknowledge and agree to pay the cancellation fee of \$50 or a no-show fee of \$100.  
Initial \_\_\_\_\_
5. I/we will pay all accounts in full within thirty (30) days of invoice.  
Initial \_\_\_\_\_
6. That late charges of 1.5% per month and interest charges of 18% per annum will accrue on all overdue accounts (beyond 30 days)  
Initial \_\_\_\_\_
7. That if collection efforts are made to collect any unpaid balances that client agrees to pay reasonable attorney's fees and costs associated with said collection action.  
Initial \_\_\_\_\_
8. That this contract will be construed consistent with the laws of the State of Hawaii.  
Initial \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Owner/Client Signature

Accepted by \_\_\_\_\_  
Staff Initial