

Welcome to Crossroads Food Animal Veterinary Service, LLC! We appreciate your trust in our team and thank you for choosing us to guide the care of your animals. Learning about you, your livestock and the goals of your operation is important to us. In order to keep track of records and better understand your expectations, please provide the requested information below. Communication is the cornerstone of great relationships; we welcome your comments and questions. As your animal health partner, we desire to know how we can best assist your operation and encourage your continued feedback. Thank you and welcome aboard! (Please read and complete both pages.)

Client Information

Farm Name: _____ Date: _____

Owner Full Name(s): _____

Address: (physical) _____

City: _____ State: _____ Zip: _____

Address: (mailing if different) _____

Please circle preferred contact method:

Home phone: _____ Cell phone _____ Email: _____

Driver's License: State _____ Number _____ Soc. Security #: _____

Place of Employment: _____ Work Phone #: _____

Spouse/Sig. Other Name: _____ Cell/Phone #: _____

Spouse/Sig. Other Employer: _____ Work Phone #: _____

Spouse Driver's License: State _____ Number: _____ Soc. Security #: _____

Emergency contact Name: _____ Phone number: _____

How did you hear about Crossroads F.A. Vet. Service? _____

Consent to authorize treatment and agreement to pay: I hereby request and authorize Crossroads Food Animal Veterinary Service, LLC (CFAVS) to provide veterinary care to my animals including, but not limited to, diagnostic, therapeutic, and surgical procedures. I understand that I am financially responsible for all fees and costs incurred to examine, diagnose, and treat my animal(s), and that payment is due at the time of service. If requested by other veterinary professionals, I grant permission to Crossroads Food Animal Veterinary Service, LLC to release medical records and information pertaining to my animals and/or operation. I acknowledge that an established and valid "Veterinary-Client-Patient-Relationship" (VCPR), renewed every six months, must be in effect to obtain prescription medicines for my livestock. I release and agree to hold harmless CFAVS, their owners, employees and affiliates of any and all liability that could possibly be incurred as a result of their interactions with myself, employees, affiliates, livestock and associated premises.

Payment Policy: I acknowledge that payment is due and expected at the time of service. As such, the privilege of not paying in full at the time of service will only be extended to established clients with a valid VCPR, completed financial questionnaire on file, and satisfactory financial (Ex. bank) references.

assumed to be accurate and complete. Clients with unpaid balances 30 days after the monthly billing date, will incur a time/price differential premium to be added to their account for each following monthly billing period of 1.5% of the balance monthly, minimum of \$3 per month, and 18% annually. A minimum of \$30 will be charged to the account for any returned checks or notice of insufficient funds. I promise to pay the account balance in addition to any and all fees associated with collection costs, attorney and legal fees, legal interest and other fees incurred to effect collection of this account or other future accounts associated with myself, livestock or operation. I understand that default in payment may result in the termination of my VCPR and termination of service from Crossroads Food Animal Veterinary Service, LLC.

My signature below indicates acknowledgment of and agreement to these policies, and to pay Crossroads Food Animal Veterinary Service as stated herein.

Printed Name: _____ Date: _____

Signature: _____

Animal Information & Details of Operation

Please circle all that apply livestock to the livestock you own and function/type of operation:

Dairy Cattle Beef Cattle Sheep Goats Pigs Chickens Other: _____

Breeding Feedlot/Meat Pet/Hobby Showing Fiber/Fleece Other: _____

1. What should we know about the information circled above? Please describe your animals and operation. Is your operation growing or are you hoping to maintain the current size and number of animals?

2. We encourage you to set goals and dream. What are your immediate, short term (0-5 yrs), long term (5-10 yrs), and long shot goals? Are there goals you have set your sights on, but don't think will become a reality? Can you share what barriers need resolved?

3. We want to be your animal health partner and help you reach your goals. What do you desire in a veterinarian-client-patient relationship and veterinary service? How can we best assist you on this journey?