HILLSBORO VETERINARY CLINIC

PETLY PLANS

To qualify for a plan with monthly payments, the Petly Plans program requires:

☐ Bank Account Number *(personal checking or savings)* ☐ Major Credit Card ☐ Valid Driver's License

Owner Information

Last Name _____ First Name _____ MI _____

Billing Address: Street _____ Apt # _____ City _____ State _____ Zip _____

Rent/Own _____ How Long at Current Address _____

Please provide 2 active phone numbers:

Home _____ Cell _____ Work _____

Email _____

Employer Information

Employer _____ Phone Number _____ How Long _____

Address _____ City _____ State _____ Zip _____

Account Information

Primary Bank Name _____ Last 4 Digits of Main Account _____ Years Active _____

By signing this application, I acknowledge the above information is accurate and true.

Signature _____ Date _____