



OWNER REGISTRATION FORM WITH AGREEMENT TO PAY

6314 Falls Road
Baltimore, MD
21209
(410) 825-9100

| | | | | | | |
|----------------------|--|------------------------|--|-------------------------------------|--------------------------|------------------|
| | Please fill out completely. It is important we be able to contact you in the event of an emergency | Date | | | | |
| Personal Information | Last Name | First Name | Middle | Spouse's Name (Last, First, Middle) | | |
| | Social Security Number | Drivers License Number | | Date of Birth | State | |
| | Home Phone | Work Phone | <input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager | | Spouse's work phone | |
| | Street Address | | City | State | Zip | Years at Address |
| | E-mail address | | Spouse's e-mail address | | | |
| | Employment | Employer | | Years of Service | Job Title | |
| Street Address | | City | State | Zip | | |
| Phone | | Supervisor's Name | | Supervisor's Phone | | |
| Pet's Names | | | | | | |
| Payment & | Credit cards carried <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover | | | | | |
| | Authorized third person (Last, First, Middle) | | Relationship | Phone | | |
| | Street Address | | City | State | Zip | |
| | In case of not being able to reach me, the above named third person will be able to make decisions on my behalf. By listing such person, I hereby authorize the above listed third person to be my agent and act on my behalf with regard to my pet (s) while the pet is at this establishment, or my account. | | | | Initial here X | |

Return check and Interest

It is agreed that payment in full is required at the time of services and that there will be a return check fee of \$25.00 applied to the bill for all returned checks plus any other remedies allowed by law. It is further agreed that there will be a 2.0% per month (24 percent per annum) interest charge for any account balances past due.

Late Fee/Attorney and Court Fee

It is agreed that there shall be a late fee of up to 30% on my unpaid balances. I understand and agree that I may be charged a monthly late fee of 10% for up to 3 months on any amounts due 15 days after the date my bill was rendered for the goods and services provided. I further agree that should it become necessary to enforce my obligations hereunder in a court of competent jurisdiction then I shall also pay attorney fees of 20% and court costs plus post judgment interest.

Confessed Judgment

I, MY ESTATE, HEIRS-AT-LAW OR SUCCESSORS, EMPOWER ANY ATTORNEY OF ANY COURT OF RECORD WITHIN THE UNITED STATES OR ELSEWHERE TO APPEAR FOR MYSELF AND WITH OR WITHOUT PROCESS MADE OR A COMPLAINT FILED, CONFESS JUDGMENT AGAINST ME, MY ESTATE, OR MY SUCCESSORS, AT ANY TIME AS OF ANY TERM FOR THE ENTIRE AMOUNT OF THE AGREEMENT THEN UNPAID, TOGETHER WITH INTEREST, COST OF SUIT AND ATTORNEY'S FEES OF 20% FOR COLLECTION WITH RELEASE OF ALL ERRORS, AND WITHOUT STAY OF EXECUTION AND INQUISITION OR APPEAL; AND THE EXEMPTION UPON ANY LEVY ON REAL ESTATE IS EXPRESSLY WAIVED AND CONDEMNATION AGREED TO, AND THE EXEMPTION OF PERSONAL PROPERTY IS EXPRESSLY WAIVED AND NO BENEFIT OF EXEMPTION SHALL BE CLAIMED UNDER AND BY VIRTUE OF ANY EXEMPTION LAW NOW IN FORCE OR WHICH MAY BE HEREAFTER PASSED.

Signature X

Date _____

Witness _____

Date _____