



Omaha Animal Medical Group Preferred Client Dental Program

Being a preferred client, we would like to offer you our Preferred Client Dental Program. With this program we accept payments to your account. Once your account reaches a \$150.00 credit, your pet's dental will be scheduled & payments will continue on the same schedule following the procedure until your account is paid in full. A minimum of \$50 initial payment is required.

<u>Client Information</u>	<u>Payment Information</u>
Today's Date _____	Initial Payment Amount \$ _____ (\$50 minimum)
Date of Dental Appointment _____	Payment Installments
Client Name _____	Credit card # _____
Patient name _____	exp _____ type _____
Address _____	Amount \$ _____ Date Due _____
Phone Number _____	Amount \$ _____ Date Due _____
	Amount \$ _____ Date Due _____
	Amount \$ _____ Date Due _____
	Amount \$ _____ Date Due _____

If you are unable to proceed with your pet's dental cleaning, you will be refunded your previous payments, less 5%.

DEFAULT in the payment of any installments, after the dental is completed, shall at the option of Omaha Animal Medical Group, and without notice or demand, render the entire balance at once and payable. Acceptance of any late payment shall constitute a waiver of any subsequent payment due.

IF SUIT is instituted to collect this note, the undersigned promise(s) and agree(s) to pay the cost of such action, together with attorney fees in such as may be fixed by the court.

CONSIDERATION for this promissory note is: Forbearance of legal action in the matter of

_____ vs _____

Signature _____ Date _____

Witness _____ Date _____

