

## Financial Policy



Our clinic does not receive support from charitable organizations, nor does it receive government subsidies; therefore, prompt payment assures that this facility is well-stocked and well-equipped to provide your pet with quality medications and care. Since prompt payment is necessary in order for us to be able to provide your pet with quality care, the following policies are **mandatory**. If you have any questions regarding the cost or extent of care needed by your pet, please feel free to ask.

1. **ALL ROUTINE CARE AND SERVICES** must be paid at time of service. Example – Routine annuals or vaccinations, non-emergency visits, heartworm prevention or flea control. We accept cash, personal checks, Visa, Master Card, Discover Card, and American Express. If you are unable to provide payment through any of the previous options, we offer Care Credit (ask receptionist for details). \*Note: Clients paying with a personal check or credit card will be asked to verify their identity with a photo ID.
2. **EMERGENCY CARE AND TREATMENT:** For after hours emergencies a payment of **\$209.00** will be required prior to starting treatment (past initial stabilization). You will be provided with an estimate for the recommended treatment for your pet. In order to proceed with treatment **70%** of the estimate you were provided with will be required as a deposit. The remaining balance is due upon your pet's discharge from our hospital facility. **\*\*\*this includes admittance for all major surgeries and hospitalizations\*\*\***
3. A service fee of **\$35.00** will be charged for all **RETURNED CHECKS**. Unless the amount of the check and service fee are paid within 10 working days of certified notice, the holder of the check will assume you delivered the check with the intent to defraud and will be turned over for criminal prosecution. **You are responsible for any cost of collecting or attempts to collect unpaid debt, including attorney's fees and court costs.**

**I HAVE COMPLETELY READ, UNDERSTOOD, AND AGREED WITH THE ABOVE STATED POLICIES AND VERIFY THAT ALL INFORMATION BELOW IS TRUE.**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ (Office Staff Only) Date: \_\_\_\_\_