

HOPE ANIMAL CLINIC 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 medical 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 FOR AT TIME OF SERVICE.** Example – Routine annuals or vaccinations, non-emergency visits, heartworm prevention or flea control. We accept cash, personal checks, Visa, Mastercard or Discover. We also accept Care Credit if you qualify. *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** requires a minimum of \$75.00 deposit at time of admittance.

3. A \$75.00 deposit is required at the time of admittance for all major surgery and/or hospitalization.

4. A service fee of \$30.00 will be charged for all **RETURNED CHECKS**. Unless the amount of the check and service fees 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, UNDERSTAND AND AGREE 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: _____