

Financial Policy

All professional fees are due at the time that services are rendered.

A 50% deposit **will** be required for extensive hospitalization, **surgical** or emergency procedures. **We accept cash, Visa, Mastercard, and checks with proper identification.** We do not accept counter or post-dated checks and will not hold checks for any period of time. There will be a \$25.00 administration fee for all returned checks.

We **require** a valid Drivers License and Social Security number each time we accept a check.

A service fee of 1.5% per month (18% APR) will be added to any balance owed greater than 30 days. Unless prior arrangements have been made, all accounts more than 60 days past due will be assigned to an outside collection agency with any collection fees being added to your account balance.

I understand that I can receive a written estimate if I request one. I understand that a final fee will be based on actual services rendered and agree to pay the full amount at the time services are rendered or of the animals release from the hospital.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the above Financial Policy and agree to the terms.

Signature of Responsible Party: _____

Date: _____