

## **FINANCIAL POLICY AGREEMENT**

We are dedicated to providing the best possible care, and we want you to completely understand our financial policies.

### **Payment Policy**

Full payment is expected on the day of service. At this time we do not offer billing as a payment option.

### **Treatment Plans**

Treatment plans are based upon an estimated calculation. It may be necessary to do additional treatments, which will result in a change of fees and the amount you owe.

### **Broken Appointments**

We reserve the right to charge \$25.00 for appointments cancelled or broken without 24 hours notice. This charge must be paid before another appointment can be scheduled. Arriving 15 minutes or more after your scheduled appointment could result in rescheduling your appointment and a broken appointment charge.

### **Returned Checks**

Returned checks will be subject to a \$30.00 service fee and charges for any bank fees. This must be paid along with the amount of the check within 10 days or will be turned over to collections.

### **Payment Plan Option**

We accept Care Credit, credit cards and cash for your convenience.

### **Financial Co-ordinator**

If you have any questions, comments or concerns regarding your ability to pay for today's visit, please speak to our financial co-ordinator PRIOR to your animal being seen by the doctor. Talk to someone at the front desk and they will be happy to help you out.

### **Authorization**

I, the undersigned, have read and agree to be bound by the financial policy's terms stated in the paragraphs above and accept full financial responsibility for the fees charged. I also understand and agree that such terms may be amended from time-to-time.

Please print the name of the client: \_\_\_\_\_

Signature of client

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

**Please take a moment to tell us how you heard about us!**

**Please check all that apply:**

☐ Facebook

☐ Google Ads

☐ Google Search

☐ Found our Website

☐ Yelp

☐ Newspaper

☐ Phone Book – Yellow Pages

☐ Saw Our Signs on the Road

☐ Referred by someone: Name: \_\_\_\_\_



# WELCOME

Thank you for giving our clinic the opportunity to care for your pets! In order to better meet your needs, please take the time to complete the following.

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Me With Reminders Via(select all that apply): ☐ Email ☐ Phone Call ☐ Mail

Pet 1

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_

Pet 2

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_

Pet 3

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_

Please provide any previous records of your pets at the time of returning this form. If you do not have them, your previous clinic can fax them to us at (844)273-6931 or email them to use at [providencevet@att.net](mailto:providencevet@att.net).