

SMALL ANIMAL EMERGENCY CLINIC
FINANCIAL POLICY and TREATMENT AUTHORIZATION

Responsible Party _____ Spouse _____
Last First Last First

Address _____
Street City/State Zip Code

Cell Phone _____ Work Phone _____ Other Phone _____

Spouse's Cell Phone _____ Spouse's Work Phone _____ Other Phone _____

Employer _____ Spouse's Employer _____

Driver's License # _____ Pet Owner (If not responsible party) _____

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Patient Name _____ Species: Dog Cat Other _____

Breed _____ Age _____ Color(s) _____

Sex: Male Male Neutered Female Female Spayed

Who is your regular veterinarian? _____

When possible, you will receive an estimate of anticipated fees before treatment is started. A deposit in the amount of the estimate is due before a patient is hospitalized, and payment is due in full at the time of discharge. Depending on the progress of the patient, fees in excess of the original estimate may be incurred. If these fees are substantial, we will attempt to contact you prior to incurring the fees. You are responsible for all such additional fees.

Any animal hospitalized overnight must be picked up no later than 7:15 A.M. on Monday through Friday morning. Animals admitted between Friday evening and Monday morning may be left in our care until Monday at 7:15 A.M. At our discretion, any animal that is not picked up by this time may be transported to a veterinary facility that is open during daytime hours, and a \$50 transport fee will be charged to your account.

Payment Options: You may choose to pay by cash, check, or credit card (Visa, MasterCard, American Express, or Discover). We also accept CareCredit. You can apply for a CareCredit account at www.carecredit.com or by calling 1-800-365-8295. You may call this number from our office for a prompt credit evaluation by CareCredit.

Returned Checks: Checks not payable by the bank are automatically forwarded to CheckNet in Wichita Falls, Texas. A fee plus applicable taxes are charged by CheckNet for each returned check.

Monthly Statements: In the event that you have a balance on your account, you will receive a monthly statement. It will show separately the previous balance, any new charges to the account, the billing fee, if any, and any payments or credits applied to your account during the month. A \$2 billing fee will be imposed on an account each time a statement is mailed. Unless other arrangements are approved by us in writing, the full balance on your statement is due and payable when the statement is issued and is past due if not paid by the due date displayed on the statement.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collections agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees that we incur plus all court costs. In case of suit, you agree the venue shall be in Randall County, Texas.

By signing below, you authorize the Small Animal Emergency Clinic (SAEC) to contact you via current and any future cellular phone number(s), email address(es), or wireless device(s) regarding delinquent account(s) owed to SAEC. You authorize SAEC and its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages and personal calls and emails, in their effort to contact you for purposes of collecting any portion of your account which is past due.

We have the right to cancel your privilege to receive emergency veterinary treatment for your animals if you have an unpaid balance.

Treatment Authorization: I acknowledge that the care which will be furnished to this animal by the Amarillo Small Animal Emergency Clinic will be limited to emergency treatment, and that the Clinic has no facilities for extended care or boarding. I understand that it will be necessary to return to a veterinarian of my choice for continued diagnosis and treatment. I hereby authorize any treatment, including the administration of anesthetics and performance of surgical procedures, which the Clinic deems necessary. I expect the doctor to use all reasonable precautions against complications or death due to anesthesia, but I understand that the Amarillo Small Animal Emergency Clinic will not be held liable or responsible in any manner regarding any complications.

Initial *Once I have signed this agreement, I agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.*

Initial *I have been given the opportunity to ask all questions I have regarding this Financial Policy, and all of my questions have been answered to my satisfaction.*

By executing this agreement, I am agreeing that I am responsible for all professional and clinic fees, including the fees for medicines and diagnostic procedures, and that this responsibility continues in the event that the patient fails to recover or is euthanized.

Signature of Responsible Party _____ Date _____