

Safe Harbor Animal Hospital

90334 HIGHWAY 101 | WARRENTON, OR 97146 | Phone (503) 325-8920 | Fax (503) 325-8924

Financial Policy

Thank you for choosing Safe Harbor Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

Safe Harbor Animal Hospital reserves the right to require payment in full prior to the beginning of your pet's exam or treatment. **Payment is due in full at time of service.** A finance charge of 1.5% per month (18% per annum) will be charged if any invoice is not paid within 30 days and, in this event, the debt will be assigned to collection. *If assigned to collection, the collection fee of 50% charged by the collection agency will be added to your debt.* **We DO NOT accept American Express cards or checks.**

We require 24 hours' notice for canceling or re-scheduling appointments. A prepayment will be required in advance to book future appointments if 24 hours' notice is not given prior to canceling/re-scheduling. Late Cancellation (<24 hours notice) /no-show fee is \$52 for exams and \$100 for surgeries and will be billed to you. Late Fee (>10 min late) is \$15, if time permits the patient will be seen if not the appointment is considered canceled and a cancellation fee will apply. Full policy available upon request.

Payment Options: You can choose from:

- Cash, Visa[®], MasterCard[®] or Discover Card[®]
- Convenient Monthly Payment Options¹ from the CareCredit[®] Healthcare CreditCard
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For some treatments or hospitalized care, prepayment in part or full may be required. Healthcare plans requiring comprehensive care of more than \$200 may require prepayment in part or full to begin your pet's treatment. The amount of the prepayment required will be determined on a case-by-case basis. For some treatments or hospitalized care you may be required to sign a health care plan. By signing, you agree that the services outlined may be completed. The health care plan is an estimate and may not include all treatments that may be deemed necessary upon examination and commencement of the included treatments. We will do our best to call and advise you if any additional treatments are needed. **I am aware that no personnel are on site for 24-hour care.**

Additional Policy Information: For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature (Client/owner must be at least 18 years of age) Date

Client/Owner Name (Please Print)

Pet Name

Breed

¹Subject to credit approval