

FINANCIAL POLICY

Thank you for choosing Smith & Shedd Family Pet Hospital as your veterinary provider. We are committed to the success of your pet's treatment. The following describes terms and expectations regarding the payment of your account.

Our basic financial policy is the following:

FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT. WELLNESS PLAN MEMBERSHIPS ARE EXTENDED IN-HOUSE FINANCING.

CLIENT OBLIGATION

All clients are responsible for payment in full at the time service is rendered. All clients leaving pets for medical treatment are required to pay a 50% deposit of the initial estimate for services to be rendered during the pet's stay. Progress payments may be required for prolonged stays and payment for known balance is due when the pet is discharged, even if the final invoice is not complete at the time of discharge. If the final invoice results in an additional balance due, the client will be notified by phone, email, or mail, and is expected to pay the invoice at the time of notification. If the client is unable to comply with the above financial obligations, special payment arrangements must be made *prior to* the start of the pet's treatment and must be made with an authorized hospital manager.

ADDITIONAL TERMS

Accounts unpaid after 14 days from date of service are subject to a delinquent fee of \$35.00. Furthermore the unpaid balance is subject to a 1.5% (minimum \$5.00) monthly finance charge and \$2.50 statement handling fee each time a statement is mailed. If we have to submit your unpaid account to a collections processor you will be responsible for all charges incurred by our practice; including late fees, collection costs, staff costs, court filing fees and reasonable attorney's fees.

HOSPITAL OBLIGATION

Smith & Shedd Family Pet Hospital will obtain financial commitments regarding pet care only from the Primary Pet Owner and/or authorized representatives. Please, list all eligible persons authorized to make financial decisions regarding pet care below for our records:

Primary Pet Owner: _____

Authorized Representatives: _____

Thank you for reviewing our Financial Policy. Please, let us know if you have any questions or concerns about our Financial Policy before signing. By signing, you attest that you have read this Financial Policy and that you understand and agree to the terms of this Financial Policy.

X _____
Customer Signature

Date _____