

## Welcome

Primary Owner:		Primary C	Primary Contact Phone:		(home / cell)
Secondary Owner:		Secondary	Secondary Contact Phone:		(home / cell)
Mailing Address:		City:		State:	Zip:
Email Address (for new	vsletters, disease ou	tbreak alerts, & appointn	nent reminders):		
Alternative Contact:			Phone:		
How did you learn of our clinic:			Current Pet's Name(s) / Species		
Online Reviews	□ Drive by	□ Website		/	
□ Recommended by: _				/	
□ Other:				/	

## **Financial Policy**

Thank you for choosing San Roque Pet Hospital. Our mission is to deliver the best and most comprehensive veterinary care available for your pet. We strive to make the cost of optimal care manageable for our clients by offering several payment options. Payment is due in full at the end of your pet's examination and/or at the time of discharge.

## **Payment Options:**

•Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®

•Convenient monthly payment plans from CareCredit®

 $\varpi$ Allows you to begin treatment today and pay over time, no interest for 6 months or more on qualifying amounts (for qualified applicants)

## Additional Policy Information:

•Deposits: For some treatments or hospitalized care, and for all surgical procedures, a deposit is required.

•Returned checks: \$25 service charge

•Late cancellations / no shows: \$25 fee - Clients missing or canceling (without 24-hour notice) more than 1 appointment in a calendar year

•Pet Insurance: We are happy to sign any necessary documentation when you are submitting a claim.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care and highest level of customer service to you and your pet.

By signing below, you agree to the foregoing terms of payment and indicate that you are the owner or agent authorized to make financial decisions: