## **Country Animal Hospital**

Dr. James A. Burgess PO Box 721 Hermiston, OR 97838 (541) 567-6086

## **Financial Policy**

Thank you for choosing Country Animal Hospital as your veterinary care provider. We are committed to your pet's treatment being successful. Please understand that payment of your bill is considered part of your pet's treatment. The following is a statement of our Financial Policy.

All clients must complete our New Client and Patient Information forms before seeing the doctor. The owner, or agent acting as owner, of any pet or livestock treated at Country Animal Hospital is responsible for full payment at the time of services rendered.

## FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK (WITH ID), OR CREDIT/DEBIT CARD, AND CARE CREDIT.

## **Preferred Methods of Payment:**

Cash \_\_\_\_ Check \_\_\_\_ Credit/Debit Card \_\_\_\_ Care Credit \_\_\_\_

Checks are ran through a one-time electronic funds transfer (EFT) or bank draft from your account in the amount of the check or processed as a check transaction. If your payment is returned due to insufficient or uncollectible funds, you will be charged a service charge, including a one-time EFT or bank draft from your account in the amount of \$30.00.

Estimates will be provided at your request prior to any services, other than lifesaving/resuscitative measures, being preformed.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. In the event an invoice is left open due to lack of payment a \$25 billing fee will be applied. Any account left open for more than 10 days is subject to being turned over to a collections agency. All accounts unpaid after 30 days are subject to a 5% monthly interest charge with a minimum monthly charge of \$5.00. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 15 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to take possession of said pet.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to the terms of the Financial Policy.

Owner/Agent's Signature\_\_\_\_\_