

# Safe Harbor Animal Hospital Financial Policy

Safe Harbor Animal Hospital / **Melanie Haase, DVM** / 250 36<sup>th</sup> St. / Astoria, OR / Phone: 503-325-8920

## **Our Policy:**

Your pet is an important part of your family, and when he or she is ill, you want the best medical care available. We are ready to provide your pet with cutting edge veterinary medical care. From wellness exams and vaccines to advanced diagnostics and complex surgical procedures, your pet will receive high quality care at Safe Harbor Animal Hospital.

In order for us to provide excellent service and the highest quality care to all of our clients and their pets, **Payment is due in full at the time of service. We DO NOT offer payment plans. We have the right to refuse service and we may request pre-payment at our discretion. Pre-payment and/or a deposit may be required for some procedures or hospitalized care.**

We offer many payment options for your convenience.

## **Accepted forms of payment:**

- Cash
- Check
  - Proper identification required.
  - We charge \$25.00 for returned checks!
  - Post-dated checks are NOT accepted. We will NOT hold checks.
  - We do NOT accept out-of-county or out-of-state checks. (Exceptions will be made for established clients).
- Visa®
- MasterCard®
- CareCredit®
  - A third-party healthcare credit card. They offer flexible payment plans. Apply at our clinic or online at [www.carecredit.com](http://www.carecredit.com). Ask us for further details!

## **About Estimates:**

Please ask us in advance if you would like an estimate. We can provide a printed estimate that will outline costs for procedures or treatments. Estimates do not include any treatment(s) that may be deemed necessary upon examination. We will do our best to call and advise you if additional treatments are needed. Payment in full is due when service is completed for all services including services which may not have been included in the estimate.

## **Additional Information:**

All outstanding accounts over 30 days past due will accrue interest at the rate of 1.5% per month (18% APR) or a minimum of \$5.00 monthly, whichever is greater. Accounts more than 90 days past due will be sent to collections.

If you have any questions about our financial policy, please ask.

*I understand that I am financially responsible for all charges incurred. Furthermore, I agree to pay all fees in full at the time that services are rendered. If my pet is admitted for service and/or boarding and I do not pick up my pet within 3 days of the discharge date and I do not notify Safe Harbor Animal Hospital, I understand that you may assume the pet is abandoned and turn the animal over to an Animal Shelter or other entity. I HAVE READ THE ABOVE FINANCIAL POLICY AND AGREE TO THE TERMS OF THIS POLICY.*

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Print name

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Signature of Client / Responsible Party

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Date