

# 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. We DO NOT accept American Express cards or checks. We require 24 hour notice for canceling or re-scheduling appointments. A deposit will be required in advance to book future appointments if 24 hour notice is not given prior to canceling/re-scheduling.**

### Payment Options:

You can choose from:

- Cash, Visa®, MasterCard® or Discover Card®
- Convenient Monthly Payment Options<sup>1</sup> 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 reapply<sup>1</sup>

For some treatments or hospitalized care, a deposit or pre-payment in full may be required. Healthcare plans requiring comprehensive care of more than \$200, will require a deposit or pre-payment in full to begin your pet's treatment. The amount of the deposit 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.

**We reserve the right to send past due accounts to collections at any time.** A service charge will be applied to accounts 30 days overdue. By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

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Client/Owner Name (Please Print) \_\_\_\_\_

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Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

<sup>1</sup>Subject to credit approval