

Client Information:

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Driver's License Number: _____ E-Mail: _____

Secondary Contact Information:

Name: _____

Phone: _____ Cell: _____

Patient Information:

Animal Name: _____

Species: (please circle) Dog Cat Rabbit Goat Other _____

Date of Birth/Age: _____ Color: _____ Breed: _____

Sex: (please circle) Intact Female Intact Male Spayed Female Neutered Male

Referred By: _____

**** FULL PAYMENT IS REQUIRED AT TIME OF SERVICES RENDERED. ****

The following payment options are available:

- 1.) Cash or Money Order
- 2.) Personal Checks
- 3.) Credit Cards or Debit Cards
- 4.) ScratchPay

Consent for Treatment

I hereby give permission to Pawsitive Veterinary Care to administer medication and/or treatment as needed for the health and well-being of my animal as described in the above portion.

Signature: _____ Date: _____

Financial Policy

Thank you for choosing Pawsitive Veterinary Care. 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. Pawsitive Veterinary Care requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card®

Deposit & Billing:

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of \$75.00 or more, will require an up to 75% -100% deposit to begin your pet's treatment. We may offer in-house payment options on a case-by-case basis. If you have an account 90 days past due, Pawsitive Veterinary Care may relinquish your balance owed to a collection agency.

Additional Policy Information:

Pawsitive Veterinary Care charges \$35 for returned checks. 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.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed