



Wise Owl Animal Hospital Payment Policy:

PAYMENT, IN FULL, IS DUE AT TIME OF SERVICE

Wise Owl Animal Hospital is committed to providing you and your pet(s) with the best possible veterinary care. **Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of our policies and procedures.**

We have an obligation to provide our patients and guests with a healthy environment and to keep our hospital PEST-FREE. Any pets found to be infested with fleas, ticks, lice, mites, etc. will immediately be given a bath followed by a flea and tick prevention. Both the bath and anti-parasite medication application will be at the owner's expense.

ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED. For your convenience, we accept cash, check, MasterCard and Visa. We do realize that there are times that a temporary financial problem may affect your payment of your account. In that case, PLEASE, contact office for assistance so that we may be able to set up payment options for you.

If you have any questions, feel free to ask us. We will be glad to help.

PAYMENT, IN FULL, IS DUE AT THE TIME SERVICES ARE RENDERED

By signing below, I acknowledge and agree to the following terms:

- Wise Owl Animal Hospital's rates are discounted at 80% off. Failure on my part to pay in full at the time of my visit/services will render all such discounts inapplicable. I understand this means for every \$1 of my original bill, \$1.80 (+ costs) will be charged to my balance.
- Should my pet be infested with parasites (worms, fleas, ticks, lice, mites etc.) when coming to Wise Owl Animal Hospital for services (be they parasite related or not), my pet will be treated with a bath and application of anti-parasite medication. I will be responsible for the cost of these treatments.
- I agree to pay for charges incurred while my animal(s) is/are in the care of Wise Owl Animal Hospital.
- In the event, for whatever reason, that my bill becomes uncollectable, I agree to pay any fees incurred from the collection of said bill, including but not limited to attorneys' fees and court charges.
- I fully understand that some services, such as surgeries etc. I will be required to pay for at the time an appointment is made, as opposed to after the completion of the surgery/service(s).
- In the case of an emergency or surgery, my pet will be stabilized before medical options are presented to me.

I HEARBY AGREE TO THE FOREGOING TERMS OF PAYMENT AND AUTHORIZE WISE OWL ANIMAL HOSPITAL TO PERFORM ANY NECESSARY CARE, TREATMENT, ETC.. I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE IN FULL AT THE TIME OF SERVICE AND WILL PAY ANY BALANCE DUE AT THE TIME OF SERVICE.

Signature: _____

Date: _____