

Financial Agreement

Pumpkin Hill Veterinary Clinic

585-548-9097

Name of Owner _____

Today's Date: _____

All fees are due upon rendering of services. Please indicate your choice of payment method:

- | | | |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Check* | <input type="checkbox"/> Mastercard | <input type="checkbox"/> American Express |
| | | <input type="checkbox"/> Care Credit |

*For check ID please provide your driver's license for photocopying

In bringing my pets to Pumpkin Hill Veterinary Clinic I understand the following:

- ✓ I assume responsibility for all charges incurred in the care of this and all my animals.
- ✓ I understand that these charges will be paid at the time services are rendered.
- ✓ There will be an additional charge of \$25.00 for all returned checks.
- ✓ Any balance carried over 14 days will be sent to a collection agency and further services will be terminated
- ✓ I understand that, if I walk in and require service without an appointment, there will be an additional \$25 fee to my total bill for that visit.

In signing below, I have read, understand and agree to the above conditions.

Signature of Owner or Responsible Party _____ Date: _____