

FINANCIAL POLICY

Crysler and AniMed Animal Hospitals
(816) 358-2857 – (816) 220-0222

Thank you for choosing Chrysler or AniMed Animal Hospitals. Our staff feels that your pet deserves quality medical care and our primary mission is to deliver the best 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. This hospital receives no support from charitable organizations or from the government, therefore quality services can only be maintained if we receive payment from our clients. The following policies have been developed to this end.

PAYMENT IS DUE AT TIME OF SERVICE

Payment Options: You can choose from: Cash, Check, Visa, MasterCard, American Express (Chrysler only), Discover or

Convenient Monthly Payment Plans from Care Credit

Allows you to begin treatment today and pay over time
Available for any treatment over One Hundred Dollars (\$ 100.00)
Can be used repeatedly – for your entire family – without having to reapply

Drivers License, employer and emergency contact information MUST be recorded on Information Sheet. A deposit of one hundred percent (100%) will be required for all major surgery, hospitalizations or emergencies at the time of admittance.

Crysler and AniMed Animal Hospitals charge \$25.00 for returned checks. For clients with pet insurance we are happy to fill out any necessary documentation for you to submit a claim to your insurance carrier.

Discounts for senior citizens (age 65 and over) as well as multiple pet (3 or more seen at the same time for annual vaccines or routine surgeries) and breeder discounts will be offered on certain services. Please ask receptionist for more information.

We have the right to hospitalize an animal at owner's expense until services are paid for. After 10 days the animal will be considered abandoned and the owner will be financially responsible for all services, finance charges, and legal and/or collection services necessary to recover costs of services provided.

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

(If you do not have the means to pay for your services TODAY, please inform the receptionist at this time to reschedule your appointment.)

Client Signature

Date