

I understand full payment is due at discharge_____ (initials)

I understand all elective surgical procedures more than \$500 are paid prior to the procedure_____ (initials)

I understand every effort will be made to achieve a successful outcome for your pet, and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above and additional pets I present. I understand that veterinary service may be provided during night time hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I agree fees for services rendered will be due and payable at the time my pet is discharged from the hospital or the service is otherwise terminated, unless otherwise agreed to in writing. I further agree and acknowledge that a monthly finance charge of 1.5% (18%annually) shall be applied to all amounts not paid when due. In the event of nonpayment, I agree that I will be responsible for all unpaid past due amounts, and if this account is turned over for collections, regardless of whether or not suit is filed, I will also be responsible for all costs of collection, including court cost and reasonable attorneys' fees. I also agree to a service fee of \$25.00 for each check that is returned unpaid from my bank.

If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and you are authorized to dispose of my pet as you deem best and/or necessary.
agreement.

Signer: _____ **Date** _____ **Best contact Telephone #:** _____

Address _____ **Held Card Zipcode** _____ **Last 4 number of Social Security** _____

Staff Initials: _____

Modified 3/6/17