

Fairview Animal Hospital, Inc.

Financial Policy

Thank you for choosing Fairview Animal Hospital, Inc. 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. Fairview Animal Hospital, Inc. requires payment in full at the end of the pet's exam and/or at the time of discharge.

Payment Options:

You can choose either cash, debit card, VISA, Mastercard, American Express or Discover. We also accept Care Credit. We do NOT accept checks.

Deposit and Billing:

For some treatments or hospitalized care a deposit may be required. For **existing** clients who have been turned down for Care Credit, we may offer in-house financing on a case-by-case basis. We charge a 10% fee on any unpaid balance and a \$10 monthly service charge will be added to all balances not paid in full after 30 days. **Two** forms of payment are required.

Additional Policy Information:

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/Co-Owner Signature

\_\_\_\_\_  
Date

**Photo Release**

I grant to Fairview Animal Hospital, its representative and employees, the right to take photographs of me and/or my pets, and to copyright, use and publish the same in print or electronically.

I agree that Fairview Animal Hospital may use such photographs of me and/or my pet, with or without my name, for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

If you wish to **decline**, please initial here and do **NOT** sign below. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name