



Snake River Veterinary Center, PA

Welcome to Our Hospital

OWNER INFORMATION					
Client Name (Owner):	Spouse/Other:	Spouse/Other Phone Number:			
Mailing Address:	City, State, Zip:				
Physical Address (If different from mailing address):	City, State, Zip:				
Cell Phone:	Home Phone:	Work Phone:			
Email Address: <i>*Please print clearly and leave spaces in between letters*</i>					
Employer:	SSN or DL Number:				
How did you hear about us? (Please check all that apply)					
Yellow Pages <input type="checkbox"/>	Outdoor Sign <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Website <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="checkbox"/>

(1) FIRST PET INFORMATION			
Pet's Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth or Age:	Color/Distinctive Markings:	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Previous Animal Clinic/Hospital, name and location, that we can contact for records?			

(2) SECOND PET INFORMATION			
Pet's Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth or Age:	Color/Distinctive Markings:	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Previous Animal Clinic/Hospital, name and location that we can contact for records?			

PET INSURANCE	
Pet Insurance Provider:	Would you like information about Pet Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Snake River Veterinary Center Financial Policy

Thank you for choosing Snake River Veterinary Center. Our primary goal is to deliver the best and most comprehensive veterinary care available for your pet, horse and/or production animal. The reality that monetary considerations are an integral component of veterinary medicine makes it necessary to discuss with you, our clients, the financial policies of our hospital.

All routine procedures must be paid, IN FULL, at the time services are rendered. This includes, but is not limited to:

- All exam fees – Wellness or Otherwise
- Vaccinations
- Boarding
- Grooming Services
- Prescriptions and Pet Foods
- Diagnostics, Lab Work, X-Rays
- Second Opinions
- Technician Appointments
- Coggins Test/Health Certificates
- Over-the-counter products
- Elective Surgery (Spays, Neuters, Declaws, Dentals, etc.)

We will review the cost estimate with you in advance of all surgical procedures, or non-routine work ups. We want you to feel comfortable discussing your financial responsibilities with us so we can help maximize the health of your pet while staying in line with your ability to pay.

Options for payment include: Cash, MasterCard®, Visa® or Discover Card®. We do not accept checks as a form of payment. An alternate option is to apply for a veterinary health care credit through Care Credit®. You may apply online at www.carecredit.com or with one of our staff members.

If a check is taken and returned NSF will be assessed a \$20 NSF fee. If the balance on the account is not satisfied immediately, the check will be turned over to a collection agency for further collection.

Non-Routine Procedures and Emergencies: As with routine procedures, payment at the time of service. We want your pet to receive the care it needs and do realize that unexpected illnesses, emergencies, or surgeries may result in fees in excess of one's current financial abilities. In these situations, we may be willing to extend credit to existing clients under the following terms:

1. Emergency cases for clients with delinquent accounts will be taken only after arrangements for payment IN FULL are made.
2. Non-Emergency services/treatments will be done AFTER delinquent account is paid in full.
3. A credit application must be completed with your social security number, signed and approved, and a driver's license copy.
4. A deposit of 50% of the expected bill must be paid before the procedure is performed with the balance to be paid in no more than three equal monthly installments.
5. If billing has been approved, the account will be assessed a monthly fee of \$2.00 or 1 ½ % (18% per annum), whichever is greater.

Any bills over 30 days past due will be considered delinquent. A bill over 90 days past due will terminate any credit privileges by that client indefinitely. Declaration of bankruptcy, collection accounts and subsequent default of any portion of a bill will terminate availability of services from our hospital.

I have read and understand the financial policy of Snake River Veterinary Center and agree to abide by it's guidelines:

Signature of Client

Date

My form of payment today will be:

Cash Visa Mastercard Discover Card Care Credit

Please be advised we no longer accept check as a form of payment.