

***The goal of our practice is to ensure that our patients
receive the highest quality of care.***

Payment is due at the time of treatment. Please be prepared to provide payment **before leaving the clinic today.**

Our Doctors will develop an estimate of your pet's anticipated fees. This estimate is based on your pet's current health status, but also allows for potential changes that may arise during your pet's stay with us. The estimate will be presented and discussed with you in detail, allowing you to become familiar with fees associated with testing and treatment. Routine services must be **paid in full** at time of service.

For non-routine emergent care, a deposit of 50% of the total estimate is required before services are rendered. Payment of the balance is required when services are completed, and/or prior to patient discharge.

For your convenience we accept cash, personal checks, debit cards, Discover, Visa, MasterCard and Credit Care. **WE DO NOT BILL.** By signing below, you take full responsibility for any charges incurred in the care/treatment of your animals.

Signature of Responsible Party

Date