



## PAYMENT POLICY AND AGREEMENT

Thank you for choosing us as your pet's health care provider. Our intent is to give the best possible care for your pet. Please read the following with regard to our payment policies:

**I accept full financial responsibility and agree to pay all charges incurred, in full, at the time of services rendered or supplies distributed. I understand that Hampden Family Pet Hospital does not offer payment plans.**

Initial here \_\_\_\_\_

Hampden Family Pet Hospital accepts: Visa, MasterCard, Discover, American Express, Debit cards, Checks, Cash, and Care Credit for payment. **All checks are run electronically and require a valid driver's license be shown.**

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It is your responsibility to obtain and submit a claim with your insurance company for reimbursement on services rendered at Hampden Family Pet Hospital, P.C.

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I understand that all returned checks will be charged a \$27.50 handling fee. The full amount of any outstanding balance will be due in 15 days from the written notice to prevent a civil action for three times the face amount of the check, but not less than one hundred dollars and that, in such civil action, the court may award court costs and reasonable attorney's fees.

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**Hampden Family Pet Hospital's appointment cancellation and no show policy:**

For consideration of the staff and other animals in need of medical treatment, cancellations must be made 24 hours in advance of appointment, and the client is allowed two (2) missed appointments without charge. Any additional missed appointment(s) will result in a \$55.00 exam charge.

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Hampden Family Pet Hospital does provide estimates for dental and surgical procedures prior to those procedures. Estimates are valid for 30 days. Prices are subject to change without notification.

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I, the undersigned, have read and understand the above policy and agreement and hereby consent to the above.

SIGNATURE OF THE RESPONSIBLE PARTY:

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Pet's name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**