



BURCH CREEK ANIMAL HOSPITAL

4847 HARRISON BLVD OGDEN

UT 84403-4306

Financial Agreement

Client ID: _____

Dear Client,

We truly value you as a customer and appreciate the trust you have in us to provide quality care for your pet. In order for our hospital to run smoothly and to avoid any confusion over payments concerns, please take a moment to review our payment policy.

Payment is due for services at the time they are provided. Any non-emergency and emergency services such as neuters, spays, cosmetic surgery, etc. must be paid in full at the time we release your pet to you. Should collection services become necessary, I/We agree to pay all attorney's fees, court costs, filing fees, and all collection costs up to 33.33% of the amount owing which may be assessed by any collection agency retained to pursue the matter. I/We further agree to pay a finance charge of 1 1/2% per month (annual percentage rate of 18% per year) of unpaid balance.

To keep our expenses and your fees to a minimum, we cannot extend credit.

Our hospital will accept cash, Care Credit, Debit Cards, VISA, MasterCard, American Express and Discover cards as payment. On a rare occasion if a check is accepted, a \$30.00 fee will be charged for any returned checks.

Care Credit is a medical credit card that we make available to our clients. Most applicants with a good history will be accepted. Applications are made at the time of the visit or can be made at the Care Credit website (www.carecredit.com) before services are scheduled.

A deposit of at least 50% is required when your pet is admitted to the hospital for emergency treatment or major surgical procedures. The remaining balance will be due at the time the patient is released.

We always encourage our clients to ask for an estimate and discuss charges before a pet receives veterinary services. We will do our best to provide as accurate of an estimate as possible.

Treatment of your pet is determined by your decisions, with consideration of your financial resources.

You have the right to decline any or all treatment recommended for your pet.

Once again, we value your business.

Thank you for your cooperation.
Burch Creek Animal Hospital

Print Client Name

Client Signature

Date

I have read and understand Burch Creek Animal Hospital's Financial Agreement.

(Must be 18 years or older)