

## FINANCIAL POLICY

We at Cumberland Animal Hospital are dedicated to providing you with the best possible service and care for you and your pet. As such, we regard your understanding of our financial policy to be an essential element of your pet's care and treatment. To assist you, we have the following financial policy.

Be advised that FULL PAYMENT IS DUE AT THE TIME OF SERVICE, unless other arrangements have been made in advance. Acceptable methods of payment include: cash, or credit card along with a valid picture ID. We accept Visa, MasterCard, American Express, Discover Card and Care Credit. 60% yearly interest will be charged at the rate of 5% per month if your account is not paid in full at the time services are rendered. No future services will be rendered until the bill is paid in full and future services will likely be charged in advance if the hospital client relationship is not terminated. A fee will be applied to your account for no show appointments.

We reserve the right to turn any client over to collections if it is deemed that the account has been in default of payment obligations or there is noncompliance of this policy. If we turn your account over to a collection agency, you agree to pay any additional costs we incur; including but not limited to late fees, financial fees, collection costs, staff costs, court filing fees, and attorney fees. Clients who have been in collections are required to pay old balances in full before receiving new services and must also prepay for these new services during any future visit.

If your pet has to stay at the hospital and someone other than yourself will be picking him/her up you will need to prepay for the requested services or send the payment with the person picking up your pet. Person picking up must be verified by the owner before we will release the patient. Doctors may require a deposit of up to 100% of an estimate upon admission of a pet for all procedures or surgeries and critical medical cases. This will be decided on an individual basis. The remaining balance will be due the day the pet is discharged.

If you have pet insurance and need us to email records, our staff will be happy to email the necessary documentation so you can submit a claim to your insurance company. Requests for doctors notes or additional records, other than receipts/invoices, will be subject to a small fee due to the time consumed by our staff. However, it is still your responsibility to make payment, in full, to Cumberland Animal Hospital at the time of service. Your insurance contract is an agreement between you and your insurance carrier. Cumberland Animal Hospital is not responsible for your agreement with your insurance provider.

Clinic hours are between 8AM and 5:30PM. Any pets not picked up during these hours will be subject to a late pick up fee. Pets not picked up after surgery will be transferred to Points East Emergency Hospital for monitoring at the owner's expense. Medication refill requests must be made 24 hours in advance. If same day pick up for medication is required a same day pick up fee will be applied.

I have read and understand the financial policy of this practice and agree to its terms. I also understand and acknowledge that such terms may be amended from time to time by this practice. I hereby authorize the veterinarian to release information acquired in the course of my pet's examination and treatment to my insurance or other veterinary providers. I consent to be responsible for all services agreed upon plus emergency care or medically necessary treatment if I cannot be contacted. I certify that this authorization shall be valid until rescinded in writing or replaced by one of a later date. I also agree that I am at least eighteen years of age.

If you have any questions please feel free to discuss with our staff.

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Signature of Responsible Party

Date

# Welcome To Cumberland Animal Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you. We look forward to working with you in maintaining your pet's health.

## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Initial

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License # & State: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Spouse or Co-owner Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Initial

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Spouse or Co-owner's Employer Name and Address: \_\_\_\_\_

How did you learn about our hospital? \_\_\_\_\_

Is there someone we may thank? \_\_\_\_\_

Do you have pet insurance? \_\_\_\_\_

## Payment

We will gladly prepare a printed estimate if you desire. Please ask the receptionist or doctor. Payment is due at the time services are rendered.

To prevent the spread of infectious diseases and parasites, hospitalization and boarded animals must be current on all vaccines and free of internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Pet Information**

Pets Name: \_\_\_\_\_  Dog  Cat  Other

Age/Birth Date: \_\_\_\_\_ Sex:  Male  Female

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spay/Neutered  Yes  No

Length of time owned: \_\_\_\_\_

Type of food and amount given: \_\_\_\_\_

Current medication (type, frequency and last given): \_\_\_\_\_

**Pet #2 Information**

Pets Name: \_\_\_\_\_  Dog  Cat  Other

Age/Birth Date: \_\_\_\_\_ Sex:  Male  Female

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spay/Neutered  Yes  No

Length of time owned: \_\_\_\_\_

Type of food and amount given: \_\_\_\_\_

Current medication (type, frequency and last given): \_\_\_\_\_

**Pet #3 Information**

Pets Name: \_\_\_\_\_  Dog  Cat  Other

Age/Birth Date: \_\_\_\_\_ Sex:  Male  Female

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spay/Neutered  Yes  No

Length of time owned: \_\_\_\_\_

Type of food and amount given: \_\_\_\_\_

Current medication (type, frequency and last given): \_\_\_\_\_