



Effective 7/1/23

Financial Agreement and Payment Policies

Thank you for choosing Powell Valley Animal Hospital for your veterinary needs. Please be aware that **FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED**. Accepted forms of payment are cash, check, Visa, MasterCard, American Express, and Discover. There is a **\$45 fee for returned checks**. ScratchPay loans are available to those who qualify, subject to credit approval. ScratchPay applications must be submitted and approved prior to appointment. Please note that there is a 3.5% fee for all credit/debit transactions and a 10% transaction fee for ScratchPay loans. Financial constraints should be discussed with the staff prior to your appointment.

Hospitalizations and Surgeries

There will be a deposit of \$150 or 25% of the estimated total, whichever is greater, for all surgeries, sedated procedures, and hospital stays. If the amount of the deposit is more than the total amount due at time of discharge, a refund will be issued or the account will be credited the remaining amount.

Late and Missed Appointments

In an effort to provide effective and efficient care to all of our patients, all reschedules and cancellations should be made at least 24 hours prior to your appointment time. **If the patient does not show or the appointment is cancelled or rescheduled within 2 hours of the scheduled appointment time we reserve the right to charge a \$25 fee per pet**. For each occurrence thereafter, the fee will increase by \$25. The client accepts full responsibility to pay this fee prior to or at time of scheduling a new appointment. Additionally, any check-in that is 15 minutes past the appointment time may be required to reschedule.

Delinquent Accounts

Any account that goes unpaid for 30 days or longer will accrue monthly service charges. Also, we reserve and will exercise the right to take legal action on any account 90 days past due. All expenses incurred as a result will be the client's responsibility, as permitted by law.

By signing below I certify that I have read, understand, and agree to this financial policy.

CLIENT PRINTED NAME _____ DATE _____

CLIENT SIGNATURE _____