

WELCOME TO BRIARPOINTE VETERINARY CLINIC

Thank you for choosing us to provide veterinary services for you and your pet. We would also like to introduce you to our financial policy for payment of services at our practice. Please read, complete and sign this form and return it to our receptionist. We will be happy to answer any questions you may have at this time.

Date _____

Client _____ Spouse/Other family _____

Address _____ City _____ Zip Code _____

Best number and time to call regarding your pet _____

In case of EMERGENCY we should call _____ at _____

Email address for vaccine and other reminders _____

How did you hear about us? Friend/Neighbor/Family _____

Other _____

Do you have records from your previous veterinarian? Yes No

If so, did you bring them today? Yes No

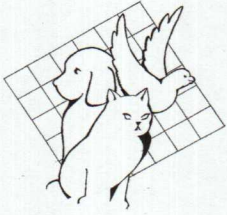
Please list your pets:

Name	Dog/Cat/Other	Breed	Age	Color	Sex/Neutered?
1) _____					
2) _____					
3) _____					
4) _____					

(Continue on back if necessary)

*I have read, understand and agree to abide by the Payment Policy of Briarpointe Veterinary Clinic and accept full financial responsibility for all charges associated with any and all authorized treatments/procedures. **Financial Responsibility includes collection fees.** I have received a copy of the Briarpointe Veterinary Clinic payment policy.*

Date _____ **X** _____



Briarpointe Veterinary Clinic

Payment Policy

- 1) **Payment for services is due when rendered.**
- 2) **If you ever have any questions about the costs of services, please ask before we provide such service.** We want you to feel comfortable discussing any financial matters with our staff
- 3) **Estimates for services will be provided at your request.** We will make every attempt to be as accurate as possible when providing an estimate of services. However, due to circumstances, the costs of a procedure may exceed the original estimate. Although this is a rare occurrence, we would like you to be aware in the event your pet requires such care.
- 4) We accept cash, check, VISA, MASTERCARD, DISCOVER. **Personal checks will ONLY be accepted with a current drivers license number, which we will be happy to keep on file for you.**
- 5) We require a 24 hour notice for canceling appointments and scheduled surgery. **Clients may be charged a fee for missed or canceled appointments without 24 hours prior notice.**

By paying with a check you understand and agree to the following:

- 1) *That in the event of a returned check, for any reason, you agree to pay the amount of the check in cash plus a \$25.00 returned check fee in cash within 5 business days of notification by phone or mail by this office.*
- 2) *That if the check and fee are not paid within the 5 business days you agree to pay any and all collection fees that may be incurred by this office to collect from you such debt including legal fees.*