



## New Patient Paperwork & Financial Form

Please fill out and return prior to Appointment

### Name \*

First Name

Last Name

### Email (Pet's receive personalized report cards after visits) \*

example@example.com

### Phone Number \*

Area Code

Phone Number

### Secondary Phone Number

Area Code

Phone Number

### Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Secondary Client:**

First Name      Last Name

**Phone Number:**

Area Code      Phone Number

**Patient Information**

**Patient Name: \***

**DOB or Age: \***

**Gender: \***

- Female
- Spayed, Female
- Male
- Neutered, Male
- Unknown

**Coat Color: \***

**Previous Primary Vet: \***

**Additional Pet Information:**

**Patient Name:**

**DOB or Age:**

**Gender:**

- Female
- Spayed, Female
- Male
- Neutered, Male
- Unknown

**Coat Color:**

**Previous Primary Vet:**

**Breed:**

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for a charges incurred in the care of this animal. I also understand that these charges will be due at the time the service is preformed and that in some case a deposit may be required.

### Publicity Release \*

I give Cascade Heights Veterinary Center permission to use my pet's name & photograph in any promotional or educational materials.

I DO NOT give Cascade Heights Veterinary Center permission to use my pet's name & photograph in any promotional or educational materials

### Name \*

First Name      Last Name

### Date \*

Month   Day   Year

## Financial Policy

Thank you for choosing Cascade Heights Veterinary Center. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal veterinary care manageable by offering several payment options. You may ask for an estimate of cost of care at any time.

### How Did You Hear About Us? \*

Word of mouth (if from an existing client, please type their name in the "Other" field)

Google

Facebook

Other

**Cascade Heights Veterinary Center requires payment in full at the end of your pet's examination and/or at the time of discharge.**

### Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- For new clients we request payment by Cash or Credit Card only.
- Care Credit
  - Allows you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly – for your entire family – without having to reapply

### Deposits and Billing:

For some treatments or hospitalization, a deposit may be required.

If your balance is not paid in full at time of service, a billing fee of \$2.00 will be applied to your account until the balance is paid. We charge 1.5% monthly interest on all outstanding account balances older than 30 days. If you have an account more than 90 days past due, Cascade Heights Veterinary Center may submit your information directly to small claims or to a collection agency.

Under extenuating circumstances, we may offer limited in-house financing (subject to credit approval).

This is done on a case-by-case basis and only by approval of the practice manager or clinic owners.

### Additional Policy Information

Cascade Heights Veterinary Center charges \$25.00 for returned checks.

For clients with pet insurance, we are happy to provide you with necessary documentation to submit a claim to your insurance carrier or assist you in submitting your claim.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

**By signing below, you agree to the foregoing terms of payment:**

### Name \*

First Name

Last Name

### Date \*

Month Day

Year

**Cancellation/No Show Policy: CHVC requires 24 hours notice prior to cancellations. You will be charged \$40 for any no shows or late cancellations. \***

I have read & agree with the terms mentioned above.