1220-H 41st Avenue
Capitola, CA 95010
(831) 476-7387
(831) 535-6339 fax
capvet1@gmail.com

**Client ID#____________**(office use)

# Financial Policy

Prompt payment for services must be assured for us to continue providing optimal care for your pet. As such, we have established the financial policy outlines below.

1. **ALL services MUST be paid for at the time of service**. We do *not* send out statements or bills for services.
2. We accept VISA, MasterCard, AMEX, Discover, debit, cash, and personal in-state, local checks with a valid driver's license.
3. We accept CareCredit financing but it cannot be used in conjunction with ANY other special or discount that we may be offering.
4. A minimum of 50% deposit is required for all major surgeries or procedures and/or hospitalizations at the time of admittance to the hospital.
5. Emergency visits will incur a higher charge and will vary based on the time of check in (regular vs. after hours). Emergency cases will also require a minimum deposit of $500 upon admittance to the hospital for intensive care to begin.
6. Accounts that are in default will automatically be referred to the District Attorney's office, a collection agency, or Small Claims Court. Any or all collection expenses and/or attorney fees and/or court costs necessary to obtain the full amount due will be the responsibility of the client.
7. **A $25 fee will be applied to all bounced checks.**
8. **Missed appointments without 24 hrs notice will result in a $25 fee to client's account. Missed scheduled surgeries without 48 hrs notice will results in a $50 fee to client's account.**

Please understand that treatment costs are the responsibility of the pet owner. We cannot render services on the assumption that our charges will be paid at another time by another party. For extensive treatment plans, we will *estimate* what charges you may incur; however, please be advised that any estimate is subject to change. All accounts are due and payable at the time of service.

**I understand and accept the Capitola Veterinary Hospital financial policy:**

**Client Signature__________________________Date______**