

County Animal Hospital, Inc.
49 Congers Road
New City, NY 10956
845-634-4607 Fax: 845-634-6615

AAHA Accredited Hospital
Robert J. Weiner, VMD, ABVP
Susan Rothstein, DVM

FINANCIAL POLICY

Our Financial Policy

Thank you for choosing County Animal Hospital. We are committed to providing the highest quality health care for your pet. The following is a statement of our financial policy, which we require that you read, agree to, and sign prior to treatment.

- ◆ All clients must complete our *Client Information Form*.
- ◆ **Full payment is due at time of service.**
- ◆ We accept cash, personal checks, Visa, MasterCard, American Express, and Discover.
- ◆ We do offer an extended payment plan with prior credit approval through the *Care Credit* card program.
- ◆ If payment is not made in full, an annual interest charge of 15.60% (1.3% on all charges over 30 days due).

Adult Clients

Adult clients are responsible for full payment at the time of service.

Minor Clients

The adult accompanying a minor and the parents (or guardians) is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, bankcard, or payment by cash or check at the time the service has been verified.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us to serve you better by keeping your scheduled appointments.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read, understand, and agree to the above Financial Policy.

Client or Responsible Party _____

Date _____

Co-Responsible party (optional) _____

Date _____