



**Apple Tree Cove
Animal Hospital**

P.O. Box
33911254 NE East 2nd Street
Kingston WA 98346

Owner Registration / Financial Policy

Last Name		First	M.I.	Date of Birth
Mailing Address			City	Zip Code
Home Phone #	Work Phone #		SS #	
Spouse or Co-owner (Last, First, M.I.)				Date of Birth
Other (Desc.) #	Work Phone #		SS #	
Employer		Occupation		
Employer Address		City	Zip Code	
Spouse Employer		Occupation		
Employer Address		City	Zip Code	
Referred by (Name, Yellow Pages, Sign or Other)				
Other numbers to reach me at:				
Cell Phone	Home Fax		Work	
Email	Work Fax #			

Thank you for choosing us as your pet's health care provider. We are committed to your pet's treatment being successful but you play an important role also. Please understand that full payment of your pet's bills is considered a part of your pet's treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Payment of all charges for your pet is due in full at time of service. We accept Visa, MasterCard, Discover, American Express, Care Credit, cash or personal check. We reserve the right to electronically verify all personal checks.

Appointment times are reserved exclusively for your pet, so please help us to serve you better by keeping all scheduled appointments. Any appointment changes require 24 hours notice. We reserve the right to charge for any missed appointments or sudden appointment changes to cover administrative costs.

Any balance unpaid after 30 days will be charged interest at a rate of 12% annually.

Any checks returned by your bank will be charged a \$30.00 administrative fee and we will no longer be able to accept a personal check as payment for charges.

Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns before any treatment is preformed on your pet.

I have read the Financial Policy. I understand and agree to this Financial Policy, and assume financial responsibility to pay all charges incurred at the time of release of my pet. I am at least 18 years of age.

Signature of Client _____ Date _____