



## **Client Payment Policy**

We strive to ensure our patients receive the highest quality care and make every attempt to communicate our care recommendations to you, the client. Please do not hesitate to ask for clarification or information during your pet's exam or treatment.

**Name** \_\_\_\_\_

**Social Security No. (optional)** \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_

## **Payment Options**

1. Cash or personal check
2. Major Credit Cards-VISA, Mastercard, American Express, Discover
3. CareCredit - a health care credit card

**If you would like to apply for CareCredit, please notify us immediately. It takes only a few minutes and there is no fee to apply. If you are approved, you can use CareCredit today.**

**Payment is expected when services are provided.**