

Emergency Contact Information

In the event that the Owner or Co-Owner is unavailable to make decisions about a patient, the following people have permission to make the selected decisions. I designate the following people to receive information about my pet(s) and accept financial responsibility for those decisions made on my behalf by the selected individuals. This will remain in effect until All Pets Veterinary Hospital receives written notification that the designated person(s) no longer has these rights.

<u>Name</u>	<u>Medical Care Decisions</u>	<u>Finance Decisions</u>	<u>Vaccination Status</u>	<u>Pick Up or Check-in Pet</u>
_____	Yes No	Yes No	Yes No	Yes No
_____	Yes No	Yes No	Yes No	Yes No
_____	Yes No	Yes No	Yes No	Yes No

Owner's Signature _____ Date _____

Co-Owner Signature _____ Date _____

How did you learn of our hospital?

Yellow Pages ___ Hospital Sign ___ Other _____

Internet: ___ Our website ___ or Other Site _____

Who may we thank for a referral? _____

Ask us about our referral program!

We appreciate payment when services are rendered.

Please circle which method you will be using: Cash Check Debit MasterCard/Visa Discover
Amex Care Credit

Appointments

- As we continually strive to be on time with our appointments, we ask that you arrive 15 minutes prior to your appointment.
- If you are more than 10 minutes late for your appointment, you may be asked to reschedule.

Payment and Fees Policy

Our goal at All Pets Veterinary Hospital is to provide quality medical care for our furry, feathered and scaled patients and increase a pet's quality of life with up-to-date information on pet care and medical treatments in a caring and compassionate environment.

We provide care with the understanding that **payment is due when services are rendered**. We accept several forms of payment such as Cash, Personal Checks, Visa, MasterCard, Discover, American Express and Care Credit. If you are unfamiliar with Care Credit, please check with the front desk for information or an application.

All Pets Veterinary Hospital does not extend in-house credit. However, extenuating circumstances may be reviewed on an individual basis. In this case, arrangements must be discussed with a Client Relations Representative or Management before the appointment or at the time of the appointment in an emergency situation. The ultimate responsibility to have the financial resources or arrangements to care for a pet is with the legal owner and co-owner of the pet(s).

1. Payment

- Payment is expected at the time of service.
- Any online or phone communication with a veterinarian may be charged a fee starting at \$30.00 depending on length and depth of consult.
- There will be a \$30 fee for any returned checks.

2. Pet Insurance

- Payment is expected at the time of service.
- You are responsible for obtaining copies of invoices to submit to your insurance carrier.
- We will sign and provide all documentation as required by the insurance policy.
- We do not bill insurance on your behalf.
- Insurance reimbursements will be sent to you.

3. Medical Records

- There may be a fee to copy/transfer medical records or radiograph images.
- Fees start at \$20 and payment is required before information is released.

4. Collection

- We reserve the right to transfer your past due account to a collection agency or attorney if you do not respond to our communications within 3 billing cycles.
- You are responsible for and agree to pay: all collection agency fees, attorney's fees, court costs, and any other fees associated with the collection of the past due account.
- You will be unable to schedule future appointments until the past due balance is paid in full.

5. Missed Appointments

- We do require notice of cancellation. You may be required to pay fees if you do not provide 24-hour notice of cancellation.
- We do understand that circumstances change and mistakes occur. There will be no fees or restrictions with your first missed appointment. The second time you do not show up for an appointment, you will be required to prepay for the next scheduled appointment.
- If you no show a third time, you will be charged a fee equal to the consultation and prepay for the next scheduled appointment.

6. Surgery and Procedures

- You will be charged a \$50 fee if 48-hour notice is not given for cancellation.

By signing this form, I am agreeing to charges associated with in-person visits, phone and /or video consultations. I understand all fees are due at the time the patient is released. I agree that I am responsible for any services agreed to by any person(s) who brings my pet in for care. At my request, All Pets Veterinary Hospital will provide a treatment plan with an estimate of costs. The nature of practicing medicine may cause unforeseen changes to the treatment plan and every effort will be made to stay within the plan. However, the costs may change based on the animal’s health and treatment. A deposit prior to treatment may be required. Accounts not paid within thirty (30) days are subject to an unpaid balance fee at a periodic rate of 1.5% per month on the unpaid balance (18% annually). The monthly minimum charge is \$5.00.

If a check written to All Pets Veterinary Hospital is referred to an outside party for collection due to insufficient funds, you will be responsible for any fees associated with the collection of the debt which may include but are not limited to attorney’s fees and collection agency fees in addition to an insufficient funds check fee of \$30.00 due to All Pets Veterinary Hospital, PC.

In the event that I fail to make payment in full or if I fail to make a reasonable payment arrangement and my account becomes past due, I shall be liable for and I agree to pay: all collection agency fees, attorney’s fees, court costs, and any other fees associated with the collection of the past due account.

The information I have provided is accurate. By signing below, I acknowledge that I have read the above statements, understand that payment is due when the patient is discharged and understand the payment terms.

Owner’s Signature

Date

Co-Owner’s Signature

Date

All Pets Veterinary Hospital

Privacy and Communication Release

As our client, we will communicate with you regarding topics that can be of assistance to you and your beloved pets. On occasion, there may be a disease outbreak or food recall we want you to know about. We may send out e-newsletters with helpful tips for the health care of your pets, special offers on health care products that we recommend and of course, reminders for upcoming appointments.

Please check (X) below for any and all ways in which you are willing to receive communications:

_____ : Direct Mail other than “Reminders” (post office)

_____ : Phone

_____ : Text (Please provide preferred phone # for text messages : _____)

_____ : Email (Please provide preferred e-mail address: _____)

We use a mobile app through PetDesk. If you are interested in requesting appointments, prescription and having access to your pet’s vaccination status, please go to the iTunes app store or Google Apps to download our free app. The app is not available for desktop computers and may not work on all phones.

We respect your privacy and will not sell, rent or trade any of your personally identifiable information. The above are for communications from our hospital to you and will not be used for any other reason. Any photographs or video taken of your pet or submitted to us may be used in electronic or printed material for publicity or advertising purposes.

By signing this release, you authorize All Pets Veterinary Hospital to release medical information to government agencies, insurance carriers, and/or other parties that require such information regarding your pet(s) and agree to our Privacy and Communication Release.

Client Signature

Date

Print Name

Thank you for being a part of our family. We truly care about you and your pets and look forward to communicating with you throughout the year.

All Pets Veterinary Hospital
4707 N Sheridan Rd
Peoria, IL 61614