Duval Animal Hospital

1060 W Beta. Ste 196 | Green Valley, AZ. 85614 | Phone 520-393-6357| Fax 520-393-6359

Financial Policy

Thank you for choosing Duval Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Duval Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard or Discover Card
- Convenient Monthly Payment Plans from CareCredit
  - ·Allow you to begin treatment today and pay over time
  - ·Available for any treatment amount
  - ·Can be used repeatedly – for your entire family – without having to reapply.

Deposit & Billing:

For some treatments or hospital care, a deposit is required. Healthcare plans requiring comprehensive care of $100.00 or more, will require a 50% deposit to begin your pet's treatment. We may offer in-house payment options on a case-by-case basis. If you have an account 60 days past due, Duval Animal Hospital may relinquish your balance owed to a collection agency.

Additional Policy Information:

Duval Animal Hospital charges $25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please to not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

_____

Client/Owner Signature Date

_____

Client/Owner Name (Please Print)

_____

Pet name Breed

DUVAL ANIMAL HOSPITAL

Making a difference...Your other family doctor

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name:_____

Spouse/Other:_____

Address: _____ City: _____ State: _____

Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell#:_____

Employer's Name & Address:

_____

Spouse's/Other's Employer Name & Address:

_____

When Is It Best to Call About Your Pet? At What Time: _____What Phone#:_____

In Case of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a vet assistant or technician. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License #: _____ State: _____ Exp_____

Preferred Method of Payment: Cash Check Credit Card Veterinary Pet Insurance

Name of Previous/Current Veterinarian: _____
How did you hear of our hospital? _____
Individual, Someone We May Thank? _____
Yellow Pages, or another telephone directory? _____
Hospital Sign? _____
Another Hospital? If so, which? _____
Other, please state:_____

Continued...

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services For Your Pet?

E-mail ( )_____ Mail ( ) Both ( )

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations.
DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed and any additional pets I present. Furthermore, **I agree to pay fees for services rendered at the time the pet is discharged from the hospital** or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of $25.00 will be assessed for each non-sufficient fund check. All accounts unpaid after 30 days receive a $5.00 a month service charge. I understand that this hospital is not staffed 24 hours a day. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to place or relocate the pet as you deem best and/or necessary.

Signature_____ Date _____

CONTINUED....

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y- N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please note the dates the following vaccines/tests were given Pet #1	Pet #2	Pet #3
DOGS: **DA2P** (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Corona (Dogs)			
Other Vaccines - Please Specify			
Rabies			
CATS: **FVRCP** (Infectious Diseases)			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines - Please Specify			
Heartworm Test (Dogs)			
FELV Test or FIV Test ? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Approx Date Work was Done)			
Geriatric Health Screen (Approximate)			