



Owner's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security and/or Driver's License \_\_\_\_\_

Previous Vet/Referred By \_\_\_\_\_

### **Hospital Policy Agreement**

- To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.
- I understand that any medical or surgical procedure is attended by some risk and that it is not possible to guarantee the successful outcome of any such procedure.
- For the convenience of our clients, an online pharmacy can be found on the hospital website allowing a variety of medications to be mailed directly to your home. In addition, most medication can be picked up in person the same day during office hours. If a written prescription is still requested, please allow up to one week for processing.
- **PROFESSIONAL FEES MUST BE PAID WHEN SERVICES ARE RENDERED**
  - The hospital accepts cash, Visa, Mastercard, American Express, and CareCredit. We do not accept Discover. We only accept NJ checks with a valid NJ driver license or state ID
  - A minimum of 50% is required for all major surgeries and/or hospitalizations at the time of admittance.
  - 1.5% per month (18% per year) will be charged on all past due accounts after 30 days.
  - A fee of \$30 dollars will be charged on all returned checks.
- This agreement is in force indefinitely from this date unless I notify the clinic in writing to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_