***Specialized Care for Avian & Exotic Pets***

**10882 Main Street | Clarence, NY 14031 | Phone 716-759-0144 | Fax** **716-759-0146**

**Financial Policy & Release**

Thank you for choosing Specialized Care for Avian & Exotic Pets. 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. If you have any questions, please do not hesitate to ask.

**Payment Options:**

You can choose from:

- Cash, Debit, Credit (Visa, MasterCard, Discover, American Express)

- Convenient Plan¹ from **Care Credit**

* Allow you to begin treatment today and pay over 6 months
* 0% financing available for any transaction amount over $200
* Can be used repeatedly - for your entire family - without having to reapply¹, Form of User ID required.

**Additional Policy Information:**

A fee of $40.00 is charged to clients who miss or cancel a single pet appointment without at least 24 hours’ notice. This includes Day Admits. You may be asked to reschedule if you are 15 minutes late.

If you cancel a surgical procedure, or multi pet appointment without giving 24hrs notice, you will be charged $100 as these spaces are very limited.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

**Release:**

By signing below, you certify that you are the owner, or duly authorized agent for this animal; and that you the doctors at Specialized Care for Avian and Exotic Pets to examine, prescribe for, and treat your pet and for the staff to assist in this process.\*\*

This will also certify that you assume responsibility for all charges incurred in the care of this animal and understand that all fees (including missed appointment fees) must be paid in full at the time services are performed and/or at the time of discharge. We require a credit card on file/hold appointment deposit prior to making appointments. We will automatically apply any missed appointment fees to your card that occur.

Client/Owner Signature Date

Client/Owner Name (Please Print)

\*\*If you are not the pet’s primary owner, please place your initials in this box. An additional copy of this form will be provided. By checking this box, you assume responsibility that all agents attached to this animal will be informed and that the Financial Policy is in full force on any/all future visits. INITIALS: \_\_\_\_\_\_\_\_\_\_\_

¹Subject to credit approval

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