



## Pet Information

### **PET #1**

_____ Name	_____ Species (Dog, Cat, Horse, etc.)	_____ Breed
_____ Color	_____ Date of Birth/Age	Sex: Male    Neutered Male Female    Spayed Female

### **PET #2**

_____ Name	_____ Species (Dog, Cat, Horse, etc.)	_____ Breed
_____ Color	_____ Date of Birth/Age	Sex: Male    Neutered Male Female    Spayed Female

### **PET #3**

_____ Name	_____ Species (Dog, Cat, Horse, etc.)	_____ Breed
_____ Color	_____ Date of Birth/Age	Sex: Male    Neutered Male Female    Spayed Female

### **PET #4**

_____ Name	_____ Species (Dog, Cat, Horse, etc.)	_____ Breed
_____ Color	_____ Date of Birth/Age	Sex: Male    Neutered Male Female    Spayed Female

### **PET #5**

_____ Name	_____ Species (Dog, Cat, Horse, etc.)	_____ Breed
_____ Color	_____ Date of Birth/Age	Sex: Male    Neutered Male Female    Spayed Female

# Strasburg Veterinary Clinic

PO Box 573 | Strasburg, CO 80136 | Phone 303-622-4415 | Fax 303-622-4702

## Financial Policy

Thank you for choosing Strasburg Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your animal. An important part of the mission is making the cost of optimal care as manageable as possible by offering several payment options. Strasburg Veterinary Clinic requires **payment in full** for your animal's treatment at the time of discharge.

### **Payment Options:**

You can choose from:

- Cash
- Credit Card (all major credit cards accepted)
- CareCredit®
  - o Allows you to begin treatment today and pay over time
  - o Simple and easy to apply 1-800-365-8295 or [www.carecredit.com](http://www.carecredit.com)
  - o Can be used by your entire family to manage health care expenses
- Checks (only accepted on pre-approved established accounts)

### **Deposit & Billing:**

For some treatments or hospitalized care, a deposit may be required. For treatment plans requiring comprehensive care over \$500, a \$500 deposit will be required to begin your animal's treatment. All hospitalized equine patients will require a \$1,000 deposit. We charge 5% interest on all outstanding account balances older than 30 days. If you have an account 120 days past due, Strasburg Veterinary Clinic may relinquish your balance owed to a collection agency.

### **Additional Policy Information:**

Strasburg Veterinary Clinic 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 regarding our payment options, please do not hesitate to ask.

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

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

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Animal Name

Breed