



**Animal Medical Center of Reno / Reno Hospital for Cats**  
New Client Information/ Financial Policy

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (for your pet's reminders and newsletters): \_\_\_\_\_

(If you would prefer receiving these via regular post, please indicate here:  We DO NOT sell or share this information with any other sources without your explicit permission on a case by case basis.)

Spouse/Significant Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Pet Information**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth date / Age: \_\_\_\_\_ Sex: M/F Altered: Yes No

Does your pet live mainly:    Indoors        Outdoors        Both

Previous Veterinarian/Hospital: \_\_\_\_\_

**Referral**

**How did you find out about our hospital?**

Referral(\*\*)     Drive-by     Internet     Yellow Pages

Other  \_\_\_\_\_

(\*\*) If you were referred, who may we thank? \_\_\_\_\_

**Release Consent**

I am the owner/authorized agent of the animal(s) described above. I hereby consent and authorize Animal Medical Center/Reno Hospital For Cats to receive, evaluate, perform necessary procedures, treat and/or prescribe medications to or for this patient. I assume all responsibility of aftercare for such upon release. I understand that if my pet(s) or animal(s) in my charge is/are not picked up within 5 days from scheduled release without contacting our hospital, the animal(s) will be considered abandoned. Thus they may be removed as this hospital deems appropriate (which may include euthanasia). I understand that in no way will I be released from paying all costs incurred for professional services and hospital expenses of the aforementioned animal(s).

## Financial Policy

Thank you for choosing Animal Medical Center of Reno/ Reno Hospital for Cats. 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. Animal Medical Center of Reno/ Reno Hospital for Cats requires payment in full at the end of your pet's examination and/or at the time of discharge.

**All fees are due at the time services are rendered. NO credit will be extended and deposits may be required for medical care, surgery, etc.** If you have any questions and/or concerns regarding our policies, a staff member will be happy to address them prior to the initiation of services. Any account left unpaid accrues interest at 36% annually. Accounts left over 90 days are subject to collections and a 40% collection fee will be added to the balance.

### Payment Options:

You can choose from:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup> or Discover Card<sup>®</sup>
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit<sup>®</sup>
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 or more, will require a 50% deposit to begin your pet's treatment.

### Additional Policy Information:

Animal Medical Center of Reno/ Reno Hospital for Cats charges \$25 for returned checks. A fee of \$25 may be charged for clients who miss or cancel more than 2 appointments in a calendar year without 24 hours notice. 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 do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

**After carefully reading and understanding the above statements and conditions, I am willingly signing this consent agreement, and in to the foregoing terms of payment:**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date