



The Animal Hospital of North Charleston Financial Policy

Thank you for choosing The Animal Hospital of North Charleston. 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 sure the cost of optimal care is as easy and manageable for our clients as possible by offering several payment options. The Animal Hospital of North Charleston requires payment in full at the end of your pet's examination and/or the time of discharge.

OUR PAYMENT OPTIONS INCLUDE:

· Visa, Mastercard, Debit, Discover, Checks and Cash.

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 re-apply*

*SUBJECT TO CREDIT APPROVAL.

DEPOSITS & BILLING:

For some treatments, surgical procedures, and hospitalized care, a deposit is required. Healthcare plans requiring your pet to be dropped off and stay with us for any length of time will require a 50% deposit to begin your pet's treatment.

ADDITIONAL POLICY INFORMATION:

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier, but please remember we require payment in full at the time of service. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

I understand that full payment is due upon rendering of services. I understand that checks are not an accepted form of payment but VISA, MasterCard, Discover, Debit & Cash are. I agree that a service charge of 1 and 1/2 percent per month (18% APR) will be added to ALL overdue accounts. I also agree that I will be held fully liable for all legal and collection effort costs incurred.

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

Client/Owner Signature:

Date:

Client/Owner Name (Please Print):

AHNC employee accepting this form:

Employee Signature:

Social Media Release

I hereby grant the Animal Hospital of North Charleston permission to use my pet's likeness, my likeness, and my pet's medical information in any and all of its publications, including social media profiles, without payment or other considerations.

If yes, please initial: