***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**

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

**Additional Policy Information:**

A fee of $50.00 is charged to clients who miss or cancel a single pet appointment without at least 24 (business operating) hours’ notice. Please note, Saturdays after 12 noon and all day Sundays are NOT considered business operating hours. This includes Day Admit or drop off appointments. You may be asked to reschedule your appointment if you are 15 or more minutes late.

If you cancel a surgical procedure, or multi (>2) pet appointment without giving 24 (business operating) hours’ notice, you will be charged $150 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 are allowing 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, and will take a deposit prior to making appointments for new clients or for all procedure / surgical 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

01/23\*\*