

Acct #: \_\_\_\_\_

## WAYNEDEALE ANIMAL CLINIC, LLC



### WAYNEDEALE ANIMAL CLINIC, LLC PAYMENT POLICY:

**Payment in full is required at time of service. We accept: cash, Visa, MasterCard, Discover, American Express, Care Credit, and personal checks.**

#### Responsible Party Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

The state of Indiana requires certain information to dispense certain medications and hospital policy that procedures over \$200 require us to have this information in our system.

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Owner DOB: \_\_\_\_\_

Pet's Name	Breed	Date of Birth

\_\_\_\_\_ Please initial if you would like access to our website and your pet's personal pet portal

\_\_\_\_\_ Please initial if you grant permission to the Waynedale Animal Clinic, LLC to take photos of your pet to be used as an ID on our vet software, shared on social media, and upload for your pet's portal.

**The undersigned agrees, he or she hereby obligates himself or herself to pay the account in full at the time services are rendered.** Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay all attorney's fees and collection expenses. All delinquent accounts shall accrue a \$3.00 service charge fee and interest at the rate of 1.5% per month. In the case of extensive medical or surgical procedure (Over \$500.00), when payment may be difficult at discharge, arrangements for payment can be made if approved prior to treatment. There is a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases all hospital and boarding patients must be current on all vaccinations and be free from internal and external parasites.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date