

Financial Policy

Thank you for choosing Oak Grove Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for you and your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Oak Grove Animal Hospital requires payment ***IN FULL AT THE TIME MEDICAL CARE IS PROVIDED*** for your pet we do not offer payment plans.

Payment options:

- Cash
- Check (with valid photo ID) Oak Grove Animal Hospital does have a fee for any returned checks.
- Visa, Mastercard, Discover, American Express, Apply Pay
- Care credit Healthcare Credit Card (subject to credit approval with photo ID)
 - Benefits
 - Allow you to begin treatment today and pay over time
 - Available for any treatment amount
 - Can be used repeatedly without having to apply (subject to credit approval)
 - Apply online at CareCredit.com for instant approval or denial
 - Go to CareCredit.com for complete details

Deposit:

- For some treatments or hospitalized care, a deposit is required. Healthcare plans may require a 50% deposit to begin your pet's treatment with the remaining balance due upon discharge.

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. Be advised, you are responsible for fees at the time of services and any reimbursement from insurance will go to you.

Unfulfilled Payment

- If you are unable to fulfill the payment for services provided, your account will be turned over to a collection's agency. Your account will be charged a collections fee of 33% of the amount due. If legal action is taken by the collection agency or Oak Grove Animal Hospital, this account will be charged a collection fee equal to 50% of the amount due.

No Show Policy

- Kindly give us as much time as possible if you are unable to keep your appointment. After no showing 3 times for a scheduled appointment you will be charged a no-show fee which is equal to the cost of a comprehensive exam.

If you have any questions, please do not hesitate to ask! We will gladly provide a written estimate any products, service, or procedure. We are here to provide the best veterinary care available for your pet.

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

Client/ Owner Signature

Date

Client/Owner Name

Oak Grove Animal Hospital Client and Patient Information

Anything with an * is information we require, and all of your information is protected and purely used for the food and drug administration.

*Client's name: _____ Spouse Name: _____

*Street Address: _____
Street City State/Zip code

Mailing address: _____
Street City State/Zip code

*Home Phone: _____ Work Phone: _____

*Cell Phone/Emergency Number: _____

*Email address: _____

*Driver's License Number: _____ State Issued: _____

Spouse Driver's License: _____ State Issued: _____

Place of Employment: _____

Please indicate your main choice of payment:

Cash Check Credit/Debit Card Care Credit

The Food and Drug Administration **requires a driver's license number** to be reported when dispensing certain medications and we require it when paying with a credit card, Care Credit, and/or check.

	Pet 1	Pet 2	Pet 3
Name			
Species (dog, cat, etc)			
Breed			
Sex			
Color			
Age or Date of birth			
Spayed/Neutered			

All fees are due upon release of patient. We may require a deposit for hospitalized patients. Please feel free to discuss the fees for services before services are performed.

*Client signature acknowledging payment terms: _____