



West Flamingo Animal Hospital

Hospital Payment Policy and Photo Release

Payment Policy

Thank you for choosing West Flamingo Animal Hospital for your pet's veterinary care. We strive to provide the best medical services available. While we do what we can to control costs our first priority is your pet's health. Certain procedures and medications can be expensive. It is important that you discuss cost of services to be performed with your doctor prior to authorizing treatment.

For your convenience we accept the following forms of payment.

Cash
Check

(no business checks, driver's license of check writer is required as all checks are processed electronically)



- All services, medications, and supplies must be paid in full at the time of your visit.
- If your pet is admitted into the hospital a deposit will be due at the time of admission.
- Billing and payment arrangements are not available.
- Post-dated or hold checks are not accepted.
- **Returned checks:** A \$50.00 fee will be charged for checks initially returned unpaid by the bank. If the same check is returned unpaid a second time, it may be referred to a collection service for recovery.

I, _____, hereby agree to be financially responsible for all charges incurred at West Flamingo Animal Hospital. In the event my account is referred to a collection service due to lack of payment on my part, I agree to pay all collection costs, court costs, and legal fees that may be added to my account.

My signature below certifies that I have read the above payment policy. I understand and agree to abide by the terms of this agreement.

Signature of Owner (Responsible Party)

Date

Photograph and Video Policy and Release

We believe that everyone loves adorable pets as much as we do. So when we see one we would like to share them with the world. From time to time we may take photos or videos of your pet to share with others on our website, Face book, Twitter, or You Tube. In addition, we may share the details of interesting medical cases to help educate our staff as well as other clients. We will - as always - keep your information confidential. We only identify your pet by their name.

Please sign one of the following:

I have read the policy and understand that West Flamingo animal Hospital may share pictures, videos of my pet and/or information about their case.

Signature of Owner (Responsible Party)

Date

I have read the policy and do NOT want any images or information about my pet shared.

Signature of Owner (Responsible Party)

Date