**Financial Agreement**

Pumpkin Hill Veterinary Clinic  
6265 Tower Hill Rd, Byron, NY 14422  
(585) 548-9097

Owner Name .

All fees are due upon rendering of services. Please indicate your choice of payment method:

€ Cash € Check\* € Visa € Care Credit

€ MasterCard € Discover € American Express € Insurance

\*For check ID please provide your driver’s license for photocopying

In bringing my pets to Pumpkin Hill Veterinary Clinic I understand the following:

(Please initial on the lines provided)

* I understand that with my signed consent I effectively authorize at the time of visit(s) all treatments `performed by licensed staff.
* I assume financial responsibility for all charges incurred, and agree to pay all such charges at the time medical care services are rendered or as arranged prior to examination and/or treatment of my animal(s).
* I understand that a $300-$350 deposit is required at the time of admittance for hospitalized animals.
* I understand that there may be an additional $25.00 fee for “walk-in service,” without a prior scheduled appointment,
* I understand that the use of retractable leashes is prohibited as a form of pet restraint at PHVC and could result in serious legal liabilities for a pet owner.
* I understand that any balance over 14 days will be sent to a collection agency and further services will be prohibited.
* I understand that there will be and additional charge of $35.00 for all returned checks.

In signing below, I certify that I have read, understand and comply to agree with the above conditions. I also agree that the information I have provided above is accurate:

Signature of Owner or Responsible Party Date .

Printed Name of Owner or Responsible Party .