



### Office Policies and Procedures

- Payment is due at the time services are rendered. A deposit is required for major surgery and/or extensive treatments. For your convenience, we accept cash, Visa, MasterCard, American Express, Discover and Care Credit. We also accept checks. There is a \$35.00 fee for all returned checks. If balances are not paid and require collection processing, you will be responsible not only for the balance due, but also any collection and/or attorney fees incurred in collecting the debt.
- If your pet is being admitted for illness or injury, you may be required to pay at least 50% of your pet's medical estimated medical care plan.
- Our office adheres to a late policy of 15 minutes. If you arrive more than 15 minutes late after your pet's scheduled appointment, you may be asked to reschedule your appointment.
- Our office requires a 24-hour notice of appointment cancellations. If an appointment is not cancelled, your account will be charged an examination fee after two "no-show, non-cancelled" appointments and payment will be due prior to receiving any other services, medications, products or written prescriptions.
- Surgery appointments require a 48-hour notice of cancellation. Failure to notify the office within 48-hours prior to the pet's admit appointment will incur a \$120 cancellation fee and the payment will be required prior to receiving any other services, written prescriptions or products.
- Medical records requests require 3 business days to process. There is a fee associated with this process as mandated by Maryland state law.
- If your pet has pet insurance and you need us to submit any paperwork on your behalf, we require that the request for submittal be made within 7 days of your last invoice date. Please allow up to 72 hours for submittals to be completed.
- All prescription refills require 48-hour notice. All food refills require 5-7 business days to process. All information must be left with a client service representative or on our prescription/food refill telephone line. Failure to do so may result in the delay of your pet's refill.
- Any after-hours emergencies will be directed to the local emergency hospitals. These telephone numbers are available on our after-hours answering system.
- Our hospital requires all pets must be up-to-date on their annual comprehensive physical exam in order to receive any services (i.e. nail trims, vaccinations, etc.) products, medications or written prescriptions. All rabies vaccines must be given by a licensed veterinarian per Maryland state law and therefore require a physical exam fee.
- It is our standard to send reminders pertinent to your pet's wellness exams, health screenings and immunizations by email. If you do not wish to receive your reminders by email and prefer a mailed post card, this must be indicated on your pet's patient registration form.
- Our hospital requires that all pets using our boarding and grooming services be up-to-date on bi-annual fecal tests and vaccinations which are Rabies, Bordetella, Distemper for dogs and Rabies and Distemper for cats. We also require that your pet have a current physical exam with one of our veterinarians. We require that boarding pets be given a dose of flea and tick prevention prior to coming in for boarding. If your pet has not had flea and tick prevention, we will provide a dose for your pet at the expense of the owner. If your pet doesn't meet one or more of our boarding requirements, your pet's stay may incur additional charges along with the charge(s) for completing the services required for boarding. If your pet is going to be boarding for more than 14 days, we require a deposit of half of the estimated total for the services.
- Pets can only be picked up from our facility during our normal business hours. If you are unable to pick up your pet during those times, you will incur a fee based on your pet's level of care (i.e. boarding or hospitalization).
- All patients require an appointment in order to be seen. Walk-ins will be seen on an emergency basis and an emergency exam fee will be charged.

**By signing this form, I, \_\_\_\_\_, declare myself the responsible party for my pet(s). I also confirm that I have been given a copy of A.P.A.W. Veterinary Hospital's "Office Policies and Procedures" and that I have read and understand all the information that I was given. I also acknowledge that as the responsible party, I will be fiscally accountable for my pet and responsible for my pet's healthcare.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**A.P.A.W. Staff Member Initials:** \_\_\_\_\_