



AHW CLIENT INFORMATION



OWNER'S NAME AND ADDRESS	MR MRS MS DR	LAST	FIRST	MIDDLE	Home Phone	
	Mailing Address		CITY	STATE		ZIP
	Physical Address		CITY	STATE		ZIP
	City/County of Residence		E-mail Address		Cell Phone	

Did a friend or family member who is also a client of ours refer you to us?

☐ YES Name of friend/family member (so we can thank them): _____

SPOUSE/ CONTACT	NAME		RELATIONSHIP	
	ADDRESS IF DIFFERENT	BUSINESS PHONE	HOME/CELL PHONE	



AUTHORIZED AGENTS



The following people are authorized to present my animal(s) for treatment in the future:

1	
2	
3	

I certify that I am at least eighteen (18) years of age and that the above information is correct.

Signature _____ **Date** _____

I hereby give the Animal Hospital of Waynesboro permission to use photos of my pet(s) in the hospital and on their social media pages. I understand that the Animal Hospital of Waynesboro will not identify either me or my pet without my express written consent.

Signature _____ **Date** _____

For Office Use Only

☐ Entered _____

☐ WLS _____

☐ "ZZ Client Forms" Pet Entered

☐ Client ID Number _____



CLIENT FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

In order for the Animal Hospital of Waynesboro to maintain a reasonable cost basis for its services, **it is our policy that payment is due at the time services are rendered. By signing below, you acknowledge that you have been informed of this policy and intend to pay at the time of service.**

You may ask for an estimate prior to the performance of any recommended services. Treatment plans and cost estimates will be provided for all comprehensive and/or hospitalized care. Plans in excess of \$500 will require your signature and a 1/3 deposit before care will be provided.

In the event you do not pay at the time of service, a 1.5% monthly finance charge will be added to your balance after the first 30 days non-payment. Should it become necessary to turn your account over to an outside collection service, you will be charged a collection fee equal to 25% of the outstanding balance before finance charges.

By signing below, you acknowledge your responsibility to pay monthly finance charges, applicable collection fee, and all other costs of collection that may ensue, including but not limited to court costs and attorney fees.

Printed Name: _____

Signature: _____

Date: _____

For Office Use Only:

Client ID Number: _____



VIRGINIA VETERINARY DISCLOSURE FORM

Animal Hospital of Waynesboro is informing you that continuous staffing is not provided during the hours this facility is closed. However, medical and kennel staff are present intermittently during the hours the hospital is closed to provide for the proper care for your pet.

	<u>OPEN/CONTINUOUS STAFFING/CARE</u>	<u>CLOSED/INTERMITTENT STAFFING/CARE</u>
Monday:	7:30 am – 7:30 pm	7:30 pm – 7:30 am
Tuesday:	7:30 am – 7:30 pm	7:30 pm – 7:30 am
Wednesday:	7:30 am – 5:30 pm	5:30 pm – 7:30 am
Thursday:	7:30 am – 7:30 pm	7:30 pm – 7:30 am
Friday:	7:30 am – 5:30 pm	5:30 pm – 8:00 am
Saturday:	8:00 am – 12:00 pm	12:00 pm Sat – 7:30 am Mon

We are closed for business on New Year’s Day, Independence Day, Thanksgiving Day, and Christmas Day. We are open for one – half day of business (8:00 a.m. – 12 noon) on New Year’s Eve, Memorial Day, Labor Day, and Christmas Eve. We are open for business as usual all other holidays.

Patients requiring continuous monitoring and medical treatment (i.e., intensive care) at times of non-continuous staffing by this facility can be transferred by the owner or their agent to an emergency veterinary hospital where after-hours staffing is provided. Any expenses incurred at an emergency veterinary hospital will be the responsibility of the owner and will be payable to that hospital.

For the safety of your pet, this hospital is protected by a continuously monitored fire detection and intruder alert system that immediately notifies the fire or police department.

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I have read this form and am aware of the medical staffing hours of the Animal Hospital of Waynesboro.

Owner: _____

Date: _____

For Office Use Only:

Client ID Number: _____



AHW FINANCIAL POLICY

Thank you for choosing the Animal Hospital of Waynesboro. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of that mission is working to make the cost of optimal care as manageable for our clients as possible while ensuring our continued operations.

Payment:

Treatment plans and cost estimates will be provided for all comprehensive and/or hospitalized care. You may also request a cost estimate for any level of care. Payment is expected at the time services are rendered. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

The Animal Hospital of Waynesboro is not a financial institution, and we do not extend credit. We offer the following payment options:

1. For your convenience, we accept cash, checks, VISA®, MasterCard®, American Express®, and Discover®. We require a Social Security Number or a Driver's License Number when paying by check. A \$25 charge will be assessed for returned checks.
2. CareCredit®: CareCredit offers an interest-free loan for amounts greater than \$200 to be paid off within 6 months. You may apply online or over the phone. You will receive immediate information about your acceptance and credit limit. Brochures are available for your review.
3. ScratchPay: ScratchPay offers payment plans of 3, 12, or 24 months with fixed monthly payments. The 3-month plan is offered interest free with no effect on your credit. You may apply online or via text and approvals are provided within minutes.

Deposits & Billing:

Treatment plans requiring comprehensive care estimated at \$500 or more will require your signature of acceptance and a 1/3 deposit to begin your pet's treatment.

On the few occasions for which we may allow delayed payment, a monthly finance charge of 1.5% of the balance is assessed should your account become past due by 30 or more days.

Additional Information:

If you have an account that is 90 days or more past due, the Animal Hospital of Waynesboro may relinquish your balance owed to a collection agency. An additional collection fee equaling 25% of the outstanding balance before finance charges will be the responsibility of the client, as well as any other fees that may be assessed, including but not limited to court costs and attorney fees.

Our Practice Manager will be happy to answer any financial questions you may have. Please do not hesitate to ask. Our goal is to assist you in caring for your pet.

The Animal Hospital of Waynesboro



CLIENT FINANCING OPTIONS



OPTION 1: CareCredit Healthcare Credit Card

Whether it's a routine checkup or emergency surgery, you shouldn't have to worry about how to get the best medical care for your pet. That's why we're pleased to accept the CareCredit healthcare credit card. CareCredit lets you say "yes" to recommended treatment for your pet immediately, and pay for it in convenient monthly payments that fit your budget.

CareCredit is the healthcare credit card designed exclusively for healthcare services with special financing options.* With CareCredit, you can use your card for all of your pet's follow-up care as well as annual exams and vaccines.

Learn more and apply by visiting www.carecredit.com or call 1-800-365-8295.

*Subject to credit approval. Minimum monthly payments required. Ask us for details.



OPTION 2: Scratchpay Payment Plans

Scratchpay payment plans can help you finance your pet's care when unforeseen costs arise. There is **no hard credit check** to see the plans for which you may qualify. There are three plan options – a **3-month plan with a 0% APR**, 12-month, and 24-month – all requiring set monthly payments. The 12 and 24-month options are not interest-free.

Find the plan that is right for you at www.scratchpay.com or text **PAY to 310-788-9496**.