



Financial Policy

Thank you for choosing Cat's Corner Veterinary Hospital to care for your cat. Our primary mission is to deliver the highest quality and most compassionate veterinary care possible. We are committed to making the cost of optimal care as easy and manageable for our clients as possible, by offering multiple payment options.

Your Obligation:

All clients are responsible for ***payment in full at the time of your cat's visit and/or discharge.***

Our Payment Options:

- We accept cash, money order, checks, Visa, Mastercard, Discover, Care Credit, and ScratchPay.
- If you have pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your pet insurance company. You are still required to pay in full at the time of service, then obtain reimbursement from your pet insurance company.
- If you cannot afford to pay for the care or treatment your cat needs you can apply for Care Credit or ScratchPay.

Our Deposit and Cancellation Protocol:

- We require a \$95.00 deposit for all new patient appointments at the time of scheduling. This deposit is non-refundable if you cancel or reschedule in less than 48 hours notice prior to your appointment.
- Same day appointment cancellations or no shows will be charged a \$75.00 fee if no deposit was taken at time of scheduling.
- Neuter procedures will require a deposit of \$150.00 and spay procedures will require a \$250.00 deposit at the time of scheduling. This deposit is non-refundable if the procedure is cancelled within less than 4 days notice prior to the surgical appointment.
- Dental cleaning procedures will require a deposit of \$500.00. Dental procedures with presumed extractions will require a deposit of \$750.00. These deposits are taken at the time of scheduling and non-refundable if the procedure is cancelled within less than 4 days notice prior to the surgical appointment.
- Patients hospitalized for any reason require a deposit of 75% of the estimated cost of treatment before you leave.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns before signing.

I have read the Financial Policy. I understand and agree to the terms of Cat's Corner Veterinary Hospital, LLC. ***A picture ID is also required with your signature if we have not already verified it in the past.***

Client Name

Patient(s) Name(s)

Client Account #

Client Signature

Date

Employee Initials