

# **Wilson Veterinary Hospital**

## **New Client Application Form**

Date: \_\_\_\_\_ File #: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse/Partner \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_(\_\_\_\_)\_\_\_\_\_ Cell Phone \_\_\_\_\_(\_\_\_\_)\_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_(\_\_\_\_)\_\_\_\_\_

Driver License # \_\_\_\_\_ Driver License State \_\_\_\_\_

Thank you for choosing Wilson Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Wilson Veterinary Hospital requires payment in full at the time of service.

For your convenience, we accept Cash, Mastercard, Visa, Discover, American Express, Care Credit, and Scratchpay. If you need financial assistance, ask us about Care Credit or Scratchpay.

\* We do not accept Checks. All payment plans need to be applied for through Care Credit or Scratchpay.

\* If a client leaves the hospital with the patient without paying through one of the above payment options, the client's account will be forwarded to our collection agency in 31 days from the date of service if payment is not received in full.

**Please see additional policy information on reverse side**

### Cancellation/No Show Policy:

An appointment is considered a no-show if:

- The patient does not show for their scheduled appointment (this includes regular appointments, drop-off appointments, and surgical appointments).
- We do not receive a cancellation phone call at least 24 hours before a scheduled appointment.

We understand situations arise in which you must cancel your appointment. It is our policy that you give us 24 hour notice if you must cancel. This will allow us to have sufficient time to contact other clients who are waiting for an earlier appointment time. If an appointment is no-showed or cancelled without 24 hour notice, a no-show fee will be applied to your account. This amount of this fee will depend on the type of appointment:

- Regular appointment or drop-off appointment: \$25.00 (per pet scheduled)
- Surgery appointment: \$50.00 (per pet scheduled)

The no-show fee is the sole responsibility of the Client and the charge must be paid in full before we will schedule the patient's next appointment. We will mail an invoice to the address provided on the date of no-show. If not paid in a timely manner, your account will be forwarded to our collection agency.

\*Unavoidable circumstances may cause you to cancel within 24 hours or less. For these situations, the decision will be made by the Practice Manager. If you feel you have a special circumstance, please call and ask to speak with the Practice Manager. Please note: the reception team does not have authorization to remove no-show fees applied to the account.

Collections: If your account is turned over to our collection agency, there will be additional fees applied:

- Interest charge of 18% of outstanding balance.
- Attorney fees, court costs, and collection fees of 33.33% of the outstanding balance.

**By signing below, you agree that you have read all of the above information regarding payment, cancellation, and collections policies, and that you are responsible for all costs incurred for the care of your pets.**

Signature: \_\_\_\_\_