

Corvallis Cat Care

620 NW 4th Street Corvallis, OR 97330
541-753-CATS (2287)

Dr. Sharon Forster-Blouin, PhD DVM

Dr. Carissa Tran, DVM

Financial Agreement:

I understand that full payment is at due at time of service and hereby agree that in consideration for services to be rendered by Corvallis Cat Care, I shall make prompt payment according to the financial option that I can choose below. I agree to pay all interest at the legal rate should charges accrue. If it becomes necessary for the account to be referred to a collection agency, I shall pay the reasonable attorney's fees and collection expenses. I understand, and am hereby advised, that I am responsible for the entire fee for treatment rendered.

I understand that a deposit of 50% of the estimate may be required prior to services being rendered should my pet require extensive treatments, diagnostics, surgery, and/or hospitalization.

We Accept:

- Complete payment upon service with cash or check with a valid driver's license
- Complete payment upon service with Debit, Mastercard, or Visa
- Monthly payments financed through Care Credit, an application can be completed here in the clinic or online at www.carecredit.com

Please Note: Accounts that are not paid in full within 30 days are assessed a service charge of 1.5% monthly, or 18% per annum, with a minimum of \$5.00. Accounts not paid in full 90 days from the original invoice date, regardless of monthly payment activity, will be referred to a collection agency. Returned checks will be assessed a \$25.00 service fee and, if not paid in full immediately upon notification, will be referred to a collection agency.

I have read and understand the above and agree to the terms:

Signature: _____ Date: _____

Print Name: _____