Corvallis Cat Care

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

Dr. Sharon Forster-Blouin, PhD DVM   *Dr. Tamara Kimmel, 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

- Complete payment on service by Care Credit. A financing application can be completed at reception, online at www.carecredit.com or by calling 800-677-0718.

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.

Cancellation Policy:

Please help us by keeping your scheduled appointments and notify us a minimum of twenty-four (24) hours in advance if you are unable to do so. If you do not keep your appointment and have not called to cancel or reschedule at least 24 hours in advance, you will be charged a cancellation fee of $50.00.

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

Signature: _____ Date: _____

Print Name: _____