

FINANCIAL POLICY

Thank you for choosing Litchfield Animal Wellness.

Our Mission is to provide the very best healthcare and service to our patients and their owners.

One way we accomplish this is to offer clients easy payment options.

Accepted Methods of Payment:

- √ Cash
- √ Check (Copy of Driver's License required)
- √ Visa, MasterCard, American Express, Discover Card Credit Cards are processed securely via Square

Policy Information:

Payment is expected at time of service. We prefer to devote our time to caring for our patients, as opposed to managing accounts.

Credit Card information will be kept on file and will be charged if other payment arrangements were not discussed. Credit Card receipts can be emailed to the cardholder.

There will be a \$35.00 fee for all returned checks.

A farm/house call fee may be charged to any client that misses an appointment. A \$25.00 fee may be charged to any client that does not give at least 24 hours notice to cancel an appointment.

By signing below, you agree to the terms of payment.	
Client/Owner Signature	Date
Client/Owner Name - Printed	



PAYMENT OPTIONS AUTHORIZATION FORM

Payment is expected at the time services are rendered.

We accept Cash, Checks, Visa, MasterCard, American Express and Discover Card. Credit Cards are processed securely via Square

Pre-Approved credit card payments - We will keep this credit card safely on file and charge it each time services are rendered, then can email the cardholder the receipt.

Please print legibly in blue or black ink only

		Visa	МС	AmEx	Discover	
Credit Card #		عافريا				
Expiration Date	Security Code			S		
Name as it appears o	n card					
Billing Address	City		State		Zip Code	
Phone Number (area	code) xxx-xxxx		Ema	il address		
Signature – Approval fo of services rendered.	r Litchfield Equine Wellne	ss to proce	ss this c	redit card fo	r payment	
Client/Owner Name -	ner Name – Printed		Date			