



Dear Client-

Thank you for giving us the opportunity to provide peaceful in home care for your animal(s). At Litchfield Animal Wellness, our priorities are high quality integrative veterinary care and customer service. The enclosed **PAYMENT OPTIONS AUTHORIZATION FORM** was designed to inform our clients of all the payment options we offer. This information will help you determine which payment option best suits your needs. This process will allow us to be more efficient and at the same time give us the ability to continually invest in equipment, products and education to give you the excellent service you have come to know and expect.

Please take a few moments to complete the **FINANCIAL POLICY** and the **PAYMENT OPTIONS AUTHORIZATION FORM** and return them to us. They may be mailed, scanned & e-mailed to us or returned to us in person at time of service. Thank you in advance for your time and understanding. We appreciate your business and look forward to serving you in the future.

Your animal is our priority. We would also appreciate you taking the time to complete the **EUTHANASIA CONSENT FORM** so we have accurate information on file. We are here to care for your animal and assist you. If you have any questions, please do not hesitate to call us at 508-240-4676.

Sincerely,

Dr. Paula D. Monte DVM, CVA

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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 \$50.00 fee may be charged to any client that does not give at least 24 hours notice to cancel an appointment.

Agreement:

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 MC AmEx Discover

Credit Card #

Expiration Date

Security Code

Name as it appears on card

Billing Address

City

State

Zip Code

Phone Number (area code) xxx-xxxx

Email address

Signature – Approval for Litchfield Animal Wellness to process this credit card for payment of services rendered.

Client/Owner Name – Printed

Date

EUTHANASIA CONSENT FORM

Owners Name: _____ Date: _____

Spouse / Partner's Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____ Email: _____

Referring Veterinarian /How Did You Hear About Us? : _____

Pet's Name: _____ Species: Dog , Cat , Other: _____

Breed: _____ Color: _____ Age: _____ Weight: _____

Sex: Male or Female

Spayed or Neutered or N/A

Please list all Veterinarians and pet care professionals who have seen your pet within the last three (3) years:

AFTER CARE ARRANGEMENT OPTIONS

I certify that I am the legal owner (or duly authorized agent for the owner) of the animal described above, and do hereby give Dr. Paula Monte, Litchfield Animal Wellness, and any authorized agents, staff, or representatives full and complete authority to euthanize and handle after-care of said animal in a humane manner. I hereby forever release and hold harmless Dr. Monte, Litchfield Animal Wellness, and any authorized agents, staff, or representatives from any and all liability for euthanasia and disposal of said animal.

_____ I also certify to the best of my knowledge, the animal described above has not bitten, scratched, or otherwise potentially exposed any person or other animal to rabies in the past ten (10) days. I understand that if the animal described above has bitten or otherwise potentially exposed any person within the time specified, a rabies test must be performed.

_____ I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent any unnecessary suffering. To the best of my knowledge, the information I have provided is accurate and complete. I understand that my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand the foregoing provisions.

_____ I will handle and take full responsibility for all after care arrangements myself. I am aware of any applicable laws and regulations regarding the burial of a pet's body and understand caution should be taken when disposing of animals euthanized with drugs/chemicals.

_____ I wish to have Litchfield Animal Wellness arrange for my pet's aftercare (**you must select one of the following**):

_____ **Group Cremation** (ashes are not returned) OR _____ **Private Cremation** with ashes returned to me

Additional - Initial if desired: Clay Paw Print _____ | Ink Paw Print _____ | Ink Nose Print _____

Signature of Owner or Agent: _____ Date: _____

Signature of Witness: _____ Witness Printed Name: _____