



DALE CITY ANIMAL HOSPITAL

Animal Medical Care Disclosure & Payment Policy



Animal Medical Care Disclosure

As required by Article 54.1-306.1 of the code of Virginia and enacted by the General Assembly July 1, 1998, we ask that you review the following information:

- ◆ The hospital is open during the hours of 7:30 AM to 8:00 PM Monday through Friday and 7:30 AM to 2:00 PM Saturday.
- ◆ Our Night Nurse is on the premises from 9:00 PM till 5:00 AM Monday through Friday with an occasional arrival of 10:00 PM.
- ◆ Exceptions to the above listed staffing hours include: additional hours necessitated by the care of patients, illness and/or vacation and holidays. Local emergency hospitals may be utilized for patients requiring continuous care.

Payment Policy

I understand that I am responsible for any charges incurred while my pet is under the care of the doctors and/or staff at Dale City Animal Hospital, whether for medical reasons, boarding or grooming, and that all charges are due and payable in full at the time services are rendered. This includes any charges/fees agreed to by my authorized proxy.

There is a returned check fee of \$35.00 per incident. Should two checks be returned within a six (6) month period, I understand that it will be necessary to make all future payments by either cash or credit card. I also understand it is necessary to provide my social security number if I wish to pay with personal checks.

Any outstanding balance carried for thirty (30) days or more is subject to a monthly finance charge of 1.75% (21% per annum), with a minimum monthly finance charge of at least \$5.00. All finance charges apply to returned checks as well.

If it becomes necessary to send my account to Dale City Animal Hospital's collection agency, I understand that I will incur an additional collection fee of 35% for which I am liable in addition to the monthly finance charge and the original balance.

Please indicate, by your signature, that you understand the information outlined in this disclosure and payment policy.

Owner/Co-Owner Print

Date

Owner/Co-Owner Signature

DCAH Witness