

FINANCIAL RESPONSIBILITY AGREEMENT:

I hereby authorize West Gate Veterinary Hospital Professional Staff to examine, treat, and utilize procedures or test deemed necessary for my pet(s) to ensure the best possible care.

I assume responsibility for all charges incurred to my pet(s). **I understand that payment is due at the time services are rendered and/or at the time of the pet's discharge.** If I am unable to pay in full, I must notify West Gate Veterinary Hospital prior to treatment.

Should my pet be hospitalized or require extensive treatment, I will receive an estimate of the cost and **before I leave I agree to pay the required 50% of the estimated cost** and pay the remaining balance when the pet is discharged.

A non-payment will be considered default after (5) five days overdue and a late charge of 18 % APR monthly will be applied to all unpaid balances plus any collections and/or reasonable attorney fees that incurred in an attempt to collect this debt. Acceptable payment types are: Cash, Checks, Debit Cards, Visa, Master Card, Discover, American Express, and Care Credit Cards.

In accordance with the privacy act, I understand my rights for privacy and that personal information will not be released without my consent.

I certify and authorize West Gate Veterinary Hospital to disclose the necessary information required, for the continuing good health of my pet(s), with other veterinarians, specialists, and other related third parties.

I certify that all the information is correct and I have read and understand the above information and agree to the payment terms.

Owner's/Agent's Signature: _____ Date: _____

Patient Registration:

Pet One:

_____ Species: Canine Feline Other: _____
Pet's Name

_____ Breed _____ Color/Markings _____
D.O.B. or Age

Gender: **Male:** Neutered Not Neutered **Female:** Spayed Not Spayed

Is your pet on any special diet or medications?

Are there any previous health/behavior issues we should be aware of?

Vaccine History: Not Current Current (Please provide vaccination records)

Pet Two:

_____ Species: Canine Feline Other: _____
Pet's Name

_____ Breed _____ Color/Markings _____
D.O.B. or Age

Gender: **Male:** Neutered Not Neutered **Female:** Spayed Not Spayed

Is your pet on any special diet or medications?

Are there any previous health/behavior issues we should be aware of?

Vaccine History: Not Current Current (Please provide vaccination records)

To prevent the spread of infectious diseases and parasites, all hospitalized and boarded animals, to include baths, must be current on all vaccines and free of external and internal parasites. I authorize the staff to provide vaccines and parasite control as needed for my pet(s).

Owner's/Agent's Signature: _____ Date: _____