**Financial and Hospital Policies**

By signing this form today, I agree I am the owner or agent for the owner of the pet I am

presenting for evaluation today and have the authority to sign (am 18 years of age or older),

comply, and consent to the procedures described to me as well as provide timely payment for

services. I understand that privacy laws prohibit Metropolitan Veterinary Associates (MVA)

from speaking to anyone not listed on my pet’s account. I further understand that MVA can

only provide updates to one person throughout a hospitalization to provide continuity in

communication and care.

All professional fees are due at the time services are rendered with a 50% deposit of the high

end of the estimate required to begin diagnostics and/or treatment, which must be maintained

throughout my pet’s hospitalization should additional estimates be required. We urge you to

discuss all fees with the doctor before services are performed. I understand estimates

provided could fluctuate +/- 15%. The balance is due at the time the patient is discharged from

the hospital. We accept cash, all major credit cards, and checks (with proper ID). Financial

assistance is available via CareCredit or Scratch Pay and could be discussed with a Client

Service Representative if interested in applying. There will be a service charge for any check

returned unpaid. We are unable to extend credit.

The sale of all medications and prescription products/food are final. To comply with PA and risk management guidelines, all pharmacy items are non-returnable. This policy is necessary

to protect your pet from items that may have been tampered with, stored improperly, or used

improperly. Furthermore, I understand I have the right to ask for prices, expiration dates,

duration of use, etc. before taking medications out of the hospital, and to ask for written

prescriptions to take with me or to be sent to a pharmacy of my choice to be filled.

A deposit may be required to reschedule an appointment if canceling within 24 hours of the

appointment time or if multiple cancellations have been encountered by our specialty departments.

The required deposit to reschedule the appointment will be explained at the time the request to

rebook is made.

I hereby authorize the veterinarians at Metropolitan Veterinary Associates to examine, treat

and prescribe medications to my pet. I agree to assume all financial responsibility for all

charges incurred in the care of my pet. I further understand that I am responsible for services

and/or products not paid for at the time of discharge that were incurred during the exam or

hospitalization with MVA.

I have read and understand this authorization and consent. I, the undersigned, have read and

agree to the above financial policy; and I understand my financial obligation. Further, I agree to

pay all reasonable attorney fees and all costs and expenses which may be incurred by a

collection agency in the enforcement of this agreement.

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Signature Date

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Printed Name