

## CBVH Financial Policy 2025

**Payments:** Payment in full for services rendered is expected at the end of your pet's visit or at the time of discharge. We do not bill you later or offer payment plans. To make this as easy as possible for you, we offer several payment options.

### Payment Methods

- Cash
- Credit/Debit: Visa, MasterCard, AMEX, and Discover
- CareCredit®

Unfortunately, we do not accept checks, Venmo, Zelle, or any other platform for electronic transfer of funds.

If you are not present at the time of your pet's appointment, we are happy to accept authorized payments over the phone or we can provide you with a link to make a remote payment. You may also submit payment through your pet portal. If you have financial concerns or restrictions, please inform the staff PRIOR to any treatments or services.

For your convenience, our POS system will safely and securely store payment methods on file to make future transactions easier. Payment methods are automatically saved to your account only when a payment has been collected. A receipt of payment will be emailed to you for every transaction. Your card will only be charged with your informed consent. If you do not wish to store any payment methods on file, please notify the staff.

If your card is declined, and/or in the event of an outstanding balance, it is your responsibility to provide us with active payment information immediately. Outstanding balances will result in suspension of services and treatments and your account will be sent to collections.

**Pet Insurance:** We are happy to provide you with all the necessary documentation to submit a claim to your insurance carrier. It is your responsibility to file claims to your insurance company. We are not responsible for any denials of claims from your insurance carrier.

**Estimates & Treatment Plans:** You may request an estimate of total cost for any services rendered, if one has not already been provided. It should be noted that while we make every attempt to work within the agreed upon estimate, estimates are not invoices and the total amount due can change depending on the specific needs of your pet.

**Deposits:** A Deposit of \$100 will be collected at the time of scheduling for surgical procedures, imaging appointments (echocardiogram/ ultrasound), and international health certificate consultations. Cancellations within 48 hours or "No Show" will result in forfeiting of the deposit.

**Returns/Refunds:** Any service requested/approved by an owner cannot be refunded after it is performed. If you encounter any concerns or issues, please speak to management directly so we can come to a resolution. Medications that are dispensed may not be returned regardless of circumstance, with the exception of products in the original sealed manufacturer packaging.

Purina, Royal Canin, and Hill's dry foods can be returned for a refund even if they are opened.

Returns or refunds cannot be processed in the clinic for products purchased through our online pharmacy. They must be processed directly through the online pharmacy.

**Active Client/Patient Policy:** By law, we are required to have an active "Veterinary-Patient-Client Relationship" (VPCR) in order to provide veterinary care or prescribe or dispense medication for a pet. A physical examination by one of our veterinarians within 1 year is required in order to maintain an active VPCR.

**Chargebacks:** Any concerns or complaints should be communicated directly to management for resolution. Should you dispute any charges through the credit card company after payment has been made for services rendered, you will be responsible for any and all incurred credit card processing fines, penalties and fees from merchant services, credit card companies, and legal representation.

**Authorization and Acknowledgement:** By signing below, I certify that I am the legal owner or authorized representative of the legal owner of the animal(s) being presented and I am over the age of 18 years. I am aware that my credit card will be securely saved on file and authorize the staff to charge the card with my informed consent for services or incurred costs, and that I can change my mind at any time. I confirm that I have read and understand the terms listed in this policy and accept all financial responsibility for services.

Name of Owner: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative:

\_\_\_\_\_  
Today's Date