



Clearview Animal Hospital  
3930 S. Hancock Expressway  
Colorado Springs CO 80911  
719.392.3495  
www.clearview.pet

**Clearview Animal Hospital Client Policies**

Each pet must be presented for each examination or admission by an owner or an authorized agent of the owner. The owner or agent must be a legal adult who can make medical and financial decisions for the patient. I am the owner or authorized agent of the pet(s) listed below and I accept full and total responsibility for the medical decisions made about said pet(s).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Late and No Show Policy:** Clearview Animal Hospital operates by appointment. If you are not at the clinic and checked in by ten minutes past your appointment time and have not contacted us, that appointment will be recorded as a No-Show. If you cancel or reschedule your appointment with less than 24 hours' notice, that will be recorded as Short Notice Cancellation. Clients who disrupt the schedule at Clearview by missing appointments without informing us sufficiently in advance may be required to pay a non-refundable deposit to schedule visits.

**Clinic Foot Traffic Policy:** Except in times of public health or other emergency, Clearview Animal Hospital can allow up to two individual people to attend in the exam room. One of these people may be a minor child at the discretion of Clearview Animal Hospital staff. Additional people of any age cannot be accommodated. We are happy to complete your pet's visit as a curbside appointment if the presence of additional people makes this necessary.

**Payment Policy.** Payment for all services rendered is due either at the time of dismissal, when services are performed, or upon request and demand at any time. Clearview Animal Hospital does not allow for billing, partial payment, or delayed payment. Clearview Animal Hospital reserves the right to require partial or full deposits before services are rendered.

**Price Matching.** Our prices are based on the costs at our hospital. Larger retailers are often able to negotiate lower prices, and online retailers have a lower overhead due to not maintaining a storefront. Clearview Animal Hospital is not able to match lower prices found elsewhere. Upon request, we can provide a written prescription for you to fill at the pharmacy of your choice. Phone and fax prescription authorization may or may not be provided at the discretion of Clearview Animal Hospital.



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**Forms of Payment Accepted.** For your convenience, we accept MasterCard, Visa, Discover, American Express, CareCredit, Scratchpay, and cash subject to the conditions noted below.

**Check Acceptance.** Clearview Animal Hospital does not accept personal checks.

**Credit Cards and Debit Cards.** Clearview Animal Hospital is happy to take these forms of payment, but they must be processed immediately and the owner of the card must be present.

**CareCredit and Scratchpay.** Clearview Animal Hospital offers CareCredit and Scratchpay as means to pay veterinary bills; this can be lifesaving in emergencies. These options are healthcare credit lines for treatments and procedures for your entire family including your pets. Please ask for more information.

**Pet Insurance.** We also encourage you to consider whether pet insurance is a good choice for your family. With pet insurance, you are responsible for paying the bill at the time of service and your insurance company would reimburse you according to their agreement at a later time.

**Refunds.** All sales for services rendered are final and not refundable. Sales for dispensed pharmaceuticals are final and not refundable. Sales of non-prescription products may be final and non-refundable, partially refundable, or fully refundable at the discretion of Clearview Animal Hospital.

**I confirm that I have read and understand each of the above statements and agree to Clearview Animal Hospital's Policies.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Financial Responsibility.** I accept full and total financial responsibility for any and all services explicitly requested by myself or my designated agent, as well as services implied under the terms of consents that I or my authorized agent have signed. These services include but are not limited to services provided by Clearview Animal Hospital, its staff, and subcontractors hired by same on behalf of my animal/pet.

**Fees are due at the time services are rendered. I assume full financial responsibility for all charges incurred by my pet(s).** \_\_\_\_\_(initials)

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*Internal use only*  
*Policies date* \_\_\_\_\_

*Client information last updated date:* \_\_\_\_\_  
*Info updated in PIMS (staff initial):* \_\_\_\_\_

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