

# HIGHLAND ANIMAL HOSPITAL

## FINANCIAL POLICY

1. All services to be paid **IN FULL** before leaving with pet.
2. Post Date Checks **NOT ACCEPTED.**
3. We **DO NOT** bill. Ask about our Care Credit plan in advance.
4. Deposits **REQUIRED** for **ALL HOPSITALIZED** pets.
5. Checks and Credit Cards accepted with a current driver's license  
(**NO I.D.**'s) only from those they are assigned to.

**I have read and understand the above policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_