

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: _____