

Reptile History Form

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We are committed to providing your pet(s) with the best possible care. In order to achieve our goals we need your assistance and understanding of our payment policy.

- Payment for our services is due at the time services are rendered. Returned checks are subject to a \$30.00 fee. Balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month.
- A charge of \$35.00 will be assessed per broken appointments and appointments cancelled without 24 hour advanced notice. Please be thoughtful of other animals that may need to see a veterinarian if you're unable to keep your scheduled appointment.
- If you have pet insurance we will provide you with all the necessary documentation to submit your claim.

I hereby authorize Bayshore Animal Hospital to examine and/or administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper care for my pet. If it is determined that my pet requires further care, I understand that I may ask for an estimate of probable fees. Should it be necessary to collect my account through an attorney or collection agency, I thereby agree to pay all costs of collection including attorney fees, collection costs and court fees.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Date \_\_\_\_\_