



CLIENT PAYMENT POLICY

Effective April 1, 2013

Payment for all products and services is due at the time of service. Please select your payment method below.

_____ Place a Visa, Mastercard, Discover or Care Credit card on file. By selecting this option, client agrees that all charges incurred on behalf of the client will be automatically charged to this card. It is the responsibility of the client to inform our office if a different card should be used. If this option is selected, please provide the following information.

Cardholder name: _____ Exp. Date: _____

Type of card (circle one): **Visa** **MasterCard** **Discover** **CareCredit**

16-Digit Card Number: _____

Security Code (3- or 4-digit code on back of card): _____

_____ The client may pay with cash, check or credit card at the completion of their appointment. For products dispensed from the office, a credit card number must be taken over the phone before any medication will be left in the box on the porch for pick-up at the client's convenience. If a credit card is not provided over the phone, the client must come to the office when a staff member is present to pay with cash, check or credit card to receive their products.

Returned Checks / Insufficient Funds

A fee of \$20 will be charged for all checks returned unpaid and for all declined credit/debit card charges. Checks are considered unpaid even if they are returned once and clear when re-deposited.

If a client has a returned check, Mobile Veterinary Services, LLC reserves the right to require a credit card on file or cash at the time of service.

Deposits / Retainers

New clients or clients who have had a check returned or a credit/debit card declined may be required to pay a deposit of up to \$200 prior to any appointment. At the completion of the appointment, any remaining balance must be paid in full by cash, check or credit card.

Unpaid Balances / Interest

All amounts not paid within 30 days shall bear the interest rate of 1.67% per month on the unpaid balance. Should it be necessary to bring legal action to collect the amount due, the prevailing party shall be entitled to reimbursement of all court costs, including reasonable attorney's fees. Client agrees that any lawsuit shall be brought in Jefferson County, Colorado and consents and submits to venue and jurisdiction of the courts of such County.

Acknowledgement

I acknowledge receipt of this policy and agree to pay according to the option I selected above.

Client Name (printed)

Email. *Prefer to receive invoices electronically?
Provide your email address and we will!*

Client Signature

Date