

## **Acknowledgement of Hospital Policies**

I/we accept and acknowledge that payment is due at the time service or at the time of discharge from the hospital. (Initial)\_\_\_\_\_

I/we accept that if I fail to show up for scheduled appointments, I will be asked to leave a non-refundable deposit prior to scheduling future appointments. (Initial)\_\_\_\_\_

I/we understand there is a \$20.00 service fee charge for any returned check. (Initial) \_\_\_\_\_

I/we understand that if I am more than 10 minutes late for my pet's appointment, I/we may be required to reschedule. CVH will always attempt to accommodate late arrivals but in certain circumstances it may not be possible without creating significant delays for later appointments (Initial)\_\_\_\_\_

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SIGNATURE DATE

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SIGNATURE DATE

**Thank You!**