



*Manzanita Animal Hospital*  
2323 E. Detroit Avenue  
Kingman, Arizona 86401  
928 - 753 6138

## **Required Postings**

\*\*\* **PAYMENT IS DUE AT TIME OF SERVICE.** Please, ASK FOR A WRITTEN ESTIMATE  
If one has not already, been provided.

\*\*\* **FEDERAL LAW PROHIBITS DISPENSING MEDICATION** WITHOUT A VALID VETERINARIAN  
- CLIENT - PATIENT RELATIONSHIP

\*\*\* **MANY MEDICATIONS ARE AVAILABLE THROUGH A PHARMACY.** A written prescription is  
available at your request.

\*\*\* **NO SMOKING** inside this building or within 20 feet of any entrance (per ARS 36-601-01)

\*\*\* **NOT A 24 HOUR HOSPITAL.** Hospitalized patients will not be continuously monitored after  
normal business hours.

\*\*\* **ABANDONMENT POLICY.** An animal will be considered abandoned if **Manzanita Animal Hospital** has not heard from the owner or authorized agent within 7 days of the expected date of discharge. **Manzanita Animal Hospital** is authorized to dispose of an animal as they deem best, which may include re-homing, releasing to Mohave County Animal Control, or euthanasia. Abandonment of an animal does not release the owner or authorized agent from financial responsibility of charges accrued and will be held financially responsible for all said charges accrued.

\*\*\* **RESULTS AND OUTCOME ARE NOT GUARANTEED.** Due to the overwhelming complexity and limitless variables of biological systems, results will and often do vary. As such, no guarantee of successful treatment can ever be made.

My signature below indicates that I have read, understand, and agree to comply with ALL the policies set forth in this document.

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

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



Manzanita Animal Hospital  
2323 E. Detroit Avenue  
Kingman, Arizona 86401  
928 - 753 6138

## Financial Policies

Our pet care facility receives no support from charitable organizations or the Government. Only by receiving prompt payment for our services can we maintain the well equipped, staffed, and stocked facility that our patients and clients deserve. Thus, the following is the financial policy of this business.

- All fees are due and payable upon completion of services. Manzanita Animal Hospital **DOES NOT** offer "in house" credit.
- **PAYMENT METHODS:** CASH, CHECK, DEBIT, CREDIT CARD and CARE CREDIT
  - (Care Credit is a medical credit card with a quick, simple online application and instant notification of approval.)
- **CHECK POLICY:** In the event that you pay services by check and the check is returned for any reason you will be billed for these services again plus a \$25.00 returned check fee. By providing your check as payment, you authorize Manzanita Animal Hospital to use information from your check to make an electronic fund transfer from your account. Funds may be drawn from your account the same day as your payment, and you will not receive your check back from your bank. (We return your check, immediately at the conclusion of the transactions.)
  - If payment is returned unpaid, you authorize EZCHECK to debit from your account an electronic fund transfer a fee of \$25.00.
- **INSURANCE POLICY:** Manzanita Animal Hospital will not contact your pet insurance carrier on your behalf. It is the policy holder's responsibility to make sure the account balance is paid in full and to present, verify, and submit all necessary forms back to your insurance company for reimbursement.
- **PAST DUE ACCOUNTS:** All past due accounts will be assessed charges for billing and finance costs. *If your account is turned over for collections, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs, and expenses, including reasonable attorneys fees, we incur in such efforts.*
- **I understand that if my pet is hospitalized, I will be required to leave a deposit in the amount of 50%-100% of the estimated costs. All additional fees will be collected upon completion of services.**
- **APPOINTMENT CANCELLATIONS:** A \$75 Fee will be assessed to any account who fails to notify Manzanita Animal Hospital of their cancellation of surgical appointments at least 24 hours prior (10 a.m. the day before) to the appointment. A \$35 fee will be assessed to any account who fails to notify Manzanita Animal Hospital of their cancellation of an examination appointment no less than 24 hours prior to that appointment.

My signature below indicates that I have read, understand, and agree to comply with ALL the financial policies set forth in this document.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Manzanita Animal Hospital  
2323 E. Detroit Avenue  
Kingman, Arizona 86401  
928 - 753 6138

## CLIENT INFORMATION SHEET

Client Name \_\_\_\_\_  
Spouse Name/Significant other \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Driver's License \_\_\_\_\_ Date of Birth \_\_\_\_\_  
May we keep a copy of your Driver's License on file for check & credit card use? Yes ☐ No ☐

Media Release – may we share pictures of you and/or your pet on our website manzanitavets.com or our facebook page? Yes No

Referred by: Sign Internet Google Facebook Yellow Pages Friend/other

May we contact your previous veterinarian to obtain a copy of all medical records?

Yes No Veterinarian & Phone number \_\_\_\_\_

Pet's Name \_\_\_\_\_  
Species: Canine Feline Equine Other  
Sex: Male Female Neutered: Yes No Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Age/D.O.B \_\_\_\_\_  
Vaccines Current: Yes No Done At: \_\_\_\_\_  
Medications: \_\_\_\_\_

Pet's Name \_\_\_\_\_  
Species: Canine Feline Equine Other  
Sex: Male Female Neutered: Yes No Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Age/D.O.B \_\_\_\_\_  
Vaccines Current: Yes No Done At: \_\_\_\_\_  
Medications: \_\_\_\_\_

I understand and agree to the financial policy set forth, that payment is due at the time of service.

Client Name \_\_\_\_\_

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