**Fidalgo Animal Medical Center**
3303 Commercial Ave. Anacortes, Wa 98221

 Phone: 360-293-2186 Fax: 360-293-2187

**Financial Policy**

Fidalgo Animal Medical Center requires payment in full at the end of your pet’s examination and/or at the time of discharge.

**Payment Options:**

You can choose from: Cash, Check, Visa, MasterCard, Discover card, and Care Credit.

 Fidalgo Animal Medical Center charges $40.00 for returned checks.

**Deposit & Billing:**

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care or more, will require a deposit to begin your pet’s treatment. We charge a minimum of $5.00 interest on all outstanding account balances older than 30 days. If you have an account balance 120 days past due, Fidalgo Animal Medical Center may relinquish your balance owed to a collection agency.

**Additional Policy Information:**

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

**Cancellation Policy**:

We ask that our clients give us **24 hour** notice if they will be unable to keep their appointment. We understand that there are times when **24 hour** notice is not possible. Advanced notice allows other patients to be seen during the allotted time that has been set aside for your pet.

If a client misses a second appointment without advanced notice, a fee of $25.00 may be charged to your account.

A third no show in a 24 month period can be cause for dismissal of your pet family from the practice.

Failure to keep an initial appointment to establish care may also be cause for dismissal from the practice.

**New Client Appointment:**

* We require a deposit equal to the exam fee to hold the appointment, per pet.
* This deposit is fully refundable if the appointment is cancelled with a **minimum** of 24 hours notice.
* if the appointment is rescheduled with a minimum of 24 hours notice, the deposit will be transferred to the new appointment time.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Please help us by filling out the following information:

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Client/Owner Full Name Spouse's Name Date of Birth

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Mailing Address (incl City and State)/Physical Address (if different)

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Home Phone Cell Phone Driver's License #

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Employer's Name Employer's Phone

By signing below, you agree to the foregoing terms of payment.

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Client/Pet Owner Signature Date