

# Crossroads Veterinary Hospital

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## Client Payment Options Form

Thank you for the opportunity to help you meet your pet's healthcare needs. As discussed, the estimated fee for medical care is \$\_\_\_\_\_. Once treatment has begun, changes in the healthcare plan may be required depending upon results of diagnostics or changes in your pet's condition. We will contact you if the cost of care is expected to exceed the amount listed above and discuss further treatment options.

\_\_\_\_\_ (Client initials)

Crossroads Veterinary Hospital requires **payment in full at the end of the examination and/or at the time of discharge**. As a valued client and to ensure your pet receives the best care possible, we are able to make these special payment arrangements for you:

### **Payment Summary:**

- Cash
- Check
- Visa®, MasterCard®, American Express®, Discover Card®
- CareCredit® Payment Plan<sup>1</sup>

### **Additional Payment Schedule:**

- Paid in full

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

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

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

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Pet Name

Breed

<sup>1</sup>Subject to credit approval. Please see CareCredit Plan Selection Slip for additional terms and conditions.