

# Nashville Cat Clinic

436 Bell Rd  
Nashville, TN 37217  
615-361-1844 (P)  
615-361-2844 (F)



## Financial Policy & Medical Records Release Form

Thank you for choosing Nashville Cat Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your cat. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Nashville Cat Clinic requires payment in full at the end of your cat's visit.

### Payment Options:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup>, American Express<sup>®</sup>, or Discover Card<sup>®</sup>
- Convenient monthly payment plans from CareCredit<sup>®</sup> (subject to credit approval)
  - Allows you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly - for your entire family - without having to reapply

For treatments or hospitalized care of more than \$300, a 50% deposit may be required to begin your cat's treatment.

### Additional Information:

Nashville Cat Clinic charges a \$25 fee for returned checks. Please let us know if you need to cancel or reschedule your appointment at least 24 hours in advance. We know that there are times when you must miss an appointment due to an emergency. However, if you do not call or no show for an appointment, you may be preventing another patient from receiving treatment. No call no shows will be charged a missed appointment fee of \$65.00. Clients arriving more than 10 minutes late to their scheduled appointment time may be asked to reschedule. By signing below, you agree to the cancellation/no show policy. We appreciate your understanding.

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

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

\_\_\_\_\_  
Cat Name

\_\_\_\_\_  
Client/Owner Name (Please Print)

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Date

I grant my permission for the release of any or all of the information contained in the medical records of those pets listed below.

#### PET NAME(S) FOR RELEASE OF MEDICAL RECORDS

- |    |       |    |       |
|----|-------|----|-------|
| 1. | _____ | 4. | _____ |
| 2. | _____ | 5. | _____ |
| 3. | _____ | 6. | _____ |

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date