



One Love Animal Hospital

If you love your pet as much as you love yourself, then One Love is the place for you.

"RULES OF THE ROAD" PRACTICE GUIDELINES

In order for your pet to become a patient at One Love Animal Hospital, you will need to carefully read and agree to the following office policies & financial disclosures annually. Please initial next to each number and sign at the bottom.

1. Our goal is to maintain a pleasant patient care environment. You will find out staff to be kind, friendly and accommodating. Abusive language or behavior toward staff will result in dismissal from the practice.	
2. In fairness to other patients and the doctor, we require at least 24 hours notice to cancel appointments and procedures. You will be charged a non-refundable \$50 for missed appointments and \$150 for missed or cancelled scheduled procedures.	
3. We strive to see patients at their scheduled appointment time. Therefore, if you are more than 15 minutes late, you will need to reschedule your appointment. You will be charged a non-refundable \$50 missed appointment fee or will be dismissed from the practice. <i>If you request to still be seen that day, you will have to wait and be charged a non-refundable \$110 urgent care fee.</i>	
4. For all <i>elective procedures</i> a 50% deposit of the low-end treatment plan is due at time of admission.	
5. For all <i>non-elective procedures and hospitalizations</i> 100% deposit of the low-end treatment plan is due at time of admission.	
6. All payments are due in full at the time of service and will be collected prior to the visit.	
7. If you use pet insurance, all forms must be presented at the time of your appointment and will be completed within seven (7) days of your appointment. If insurance forms are not available at the time of your appointment, you have seven (7) days to provide us with them. We will provide you with an itemized receipt so that you may then bill your insurance company directly.	
8. You are responsible for researching and understanding your specific insurance plan.	
9. Outstanding bills will be sent to collections 30 days after the due date, and you will be responsible for any fees incurred as part of that collection.	
10. You will not be able to book follow up appointments if you have an outstanding bill.	
11. You are responsible for providing One Love Animal Hospital with a copy of your pet's prior medical history at the time of your first appointment. If this information is not available at that time, you may be asked to reschedule your appointment. If you are allowed to keep your appointment time, you have 7 days to provide us with a copy of your pet's prior medical history.	
12. You are responsible for providing us with any medical reports and/or records from other clinicians seen in regards to referrals or extended care treatments.	
13. You are responsible for providing us with your current contact details, including all phone numbers and email addresses for listed owners, mailing, and billing addresses.	
14. All procedures (cosmetic and surgical) will be done only at the discretion of your doctor after a consultation.	
15. Blood work, pathology specimens and cultures must be sent to outside laboratories for processing. The fees for this processing is included as part of the test and determined by the laboratory. Our practice is not responsible for these fees and has no authority to intervene on your behalf.	
16. Results of these laboratory tests will be provided to you within 7-10 days .	
17. We would like your permission to use your pet(s)'s likeness (photographs, drawings, films, radiographic imagery, or written description) for advertising, presentation in case studies, and on our social media pages (Facebook, twitter, Google+, yelp.com, and onelovevet.com, Veterinary Information Network). Please check one. <input type="checkbox"/> Yes, I authorize permission for One Love Animal Hospital to use my pet(s)'s likeness. <input type="checkbox"/> No, I do not wish my pet(s)'s likeness to be used for purposes outside its medical treatment.	

I, (please print) _____, have read, understand and agree to the above office policies, financial & media disclosures.

Signature _____ Date _____