Steinbeck Country Equine Clinic
15881 Toro Hills Avenue
Salinas, CA 93908

Financial Policy

Payment in full is required at time of service. An initial deposit of _ of the estimate is required upon your horse's admission into the hospital. Hospital staff may request additional deposits depending upon the length of your horse's stay, and the outstanding balance on your account. In order to secure your account with Steinbeck Country Equine Clinic a credit card number is required. Final payment may be made by credit card, cash, check or money order. Please note all returned checks will be charged a $25.00 fee. If the account is not paid in full at the completion of services, and after your review of the final bill, the amount due will be charged to your credit card.

Payment Options:
Payment in full is due at the time of service. If for any reason you cannot pay prior to time of service you must discuss this with the primary veterinarian or office manager prior to your horse being admitted to the hospital. No exceptions. We accept the following credit cards: Visa, MasterCard, American Express, Discover and Care Credit.

Discharge:
If you cannot be present at the time of discharge, your complete invoice and receipt will be faxed or mailed to you and the outstanding balance will be charged to the credit card on file. To provide for the best possible continuity of care, a summary of your horse's hospitalization will be sent to the referring veterinarian.

I hereby authorize the veterinarians at Steinbeck Country Equine Clinic and their assistants to examine and/or perform the necessary procedures. If any unforeseen condition arises in the course of the medical procedures/surgery calling for their judgment for any procedure in addition to or different from those now contemplated, I further authorize them to do whatever is necessary to avoid unnecessary suffering by the animal (including euthanasia). I acknowledge that no guarantee has been made as to the results that may be obtained.

I hereby authorize the surgeon(s) and/or their assistants of Steinbeck Country Equine Clinic to provide such additional medical or surgical services for my horse as they may deem necessary, including, but not limited to, the administration and maintenance of anesthesia, and the performance of services involving pathology and radiology.

I am the legal owner or the representative of the legal owner of the animal being presented and I am over the age of 18 years.

Horse Name: _____Date:_____

Signature:_____Print Name:_____