

Authorization for Treatment, Terms of Service & Financial Agreement

1. **OWNERSHIP:** I certify that I am the owner of the presented animal OR I am the co-owner/authorized agent for the owner of the presented animal with permission to consent to medical treatment of the presented animal.
2. **FINANCIAL RESPONSIBILITY:**
 - a. **OWNER:** I acknowledge that I am financially responsible and agree to pay for all charges incurred relating to my animal's care. I further acknowledge that it is my responsibility to inquire about all costs associated with my animal's care and to maintain knowledge of the status of my financial obligations to the Purdue University Veterinary Hospital (PUVH).
 - b. **AGENT FOR OWNER (AFO):** I certify that I have been granted permission, by the owner, to authorize and consent to the treatment provided for the presented animal and that an authorization form is on file with the PUVH. I agree to keep the owner informed of all treatment decisions and financial updates.
3. **AUTHORIZATION FOR TREATMENT:** I hereby authorize and accept financial responsibility for the PUVH to perform an examination on my animal by the attending professionals, which includes all veterinarians, nurses, assistants, and clinical students. I further authorize and accept financial responsibility for the services, procedures, diagnostics, vaccinations, treatments, and/or administered medications explained to me by PUVH attending professionals.
 - a. **EMERGENCY SERVICES:** I authorize and accept financial responsibility for services, procedures, diagnostics, vaccinations, treatments, and/or administered medications performed by PUVH attending professionals that arise during an emergency and understand I may not be consulted until my animal is stabilized.
 - b. **ISOLATION SERVICES:** I authorize and accept financial responsibility for the services, procedures, diagnostics, vaccinations, treatments, and/or administering medications performed by PUVH attending professionals that arise from a suspected or confirmed infectious disease.
4. **EMERGENCY VISITS:** I acknowledge that if visiting the Emergency Department with my animal, the full cost of an exam will be required at check-in. If my animal is presented in an unstable condition, I acknowledge that a higher deposit may be required.
5. **COMPLICATIONS:** I acknowledge that there is no guarantee as to the results of any procedures, diagnostics, treatments, administered medications (including vaccinations) and/or surgeries. I understand that there is always a risk of known or unknown complications with any procedures, diagnostics, treatments, administered medications (including vaccinations), and/or surgeries my animal receives while under the care of the PUVH, including the possibility of infection, injury, or death.
6. **SEDATION:** I acknowledge that sedation is sometimes required to perform certain diagnostics, procedures, or treatments. I authorize PUVH to use sedation as it is deemed necessary by PUVH veterinarians or their associates.
7. **LIABILITY:** I hereby release and hold harmless the PUVH from all liability by reason of loss of or injury to the animal which may derive from any cause, rendering, or failing to render services.
8. **DISCHARGING AGAINST MEDICAL ADVICE:** I acknowledge that I am fully responsible for any and all outcomes resulting from my animal's early discharge if the discharge is against the advice of the treating clinician. Such an early discharge against the advice of PUVH releases PUVH from all liability.
9. **HOSPITAL ADMISSION / DEPOSITS:** I acknowledge that if my animal is admitted to the PUVH, an initial estimate range will be provided and a deposit equal to the lower estimate or 50% of the higher estimate, whichever is greater, will be required prior to receiving further treatment. I understand that as the treatment for my animal progresses, the estimate may increase and may require additional deposits to continue treatment. Any remaining posted outstanding balance will be due at the time of the animal's discharge from PUVH.
10. **MEDICAL & FINANCIAL UPDATES:** PUVH will provide periodic medical updates for patients admitted to the hospital. At least one update, every 24 hours, will be provided to the primary phone number provided for stable patients. We will attempt to provide more frequent updates for unstable patients. If you miss our update call and your animal is stable, we will provide your update via voice message and/or electronically. If your animal is unstable, we will request your return call and will make every attempt to connect and provide the update when you call. Financial updates will be provided upon your request or in the event your current balance is approaching the high-end estimate requiring a new estimate and/or additional deposit.
 - a. I acknowledge that in the event PUVH is unable to reach me over a 24-hour period, PUVH will continue to provide the most appropriate care plan for my animal, and I am still responsible for any charges incurred for the care of my animal even if I have not provided specific authorization for such care. I further acknowledge that PUVH may initiate animal abandonment proceedings if they cannot reach me for more than 36 hours.
11. **EUTHANASIA TO END SUFFERING:** I acknowledge that in the event PUVH is unable to contact me or my authorized co-owners and/or agents for at least 12 hours and my animal is considered to be, "suffering", PUVH Veterinarians may, at their sole discretion, elect to end the animal's suffering through humane euthanasia. I agree that any charges incurred prior to and including the cost of euthanasia and disposition will be my responsibility.

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- 12. ANIMAL ABANDONMENT:** I understand that if my animal is stable and the PUVH has made reasonable attempts but has been unable to contact me, my authorized co-owners, and/or agents for at least 36 hours, my animal will be considered abandoned, and the abandonment processes will be initiated. I further understand that if my animal is unstable, requires urgent treatment decisions, and the PUVH has made reasonable attempts but has been unable to contact me or my authorized co-owners and/or agents for at least 12 hours, my animal will be considered abandoned, and the abandonment processes will be initiated. Once the abandonment process has been completed, I understand I am no longer the owner of the animal, and I will hold harmless the PUVH from all liability. I further agree that any charges incurred up to the time of assumption of ownership by a third party will be my responsibility.
- 13. PAYMENT:** The posted outstanding balance is due in full for all inpatient and outpatient services at the time the animal is discharged from the PUVH. Any charges that are posted to an account after discharge will be invoiced and are due within 30 days. Any visits with overdue balances are subject to a \$25 Collection Fee, that will be added to the outstanding balance. Any overpayments from estimate deposits will be refunded to the method of payment and may take up to 2 billing cycles to reflect on your statement.
- 14. METHODS OF PAYMENT:** PUVH accepts cash, checks, credit/debit cards, and CareCredit for payments. If payment is by check that is unable to be processed due to insufficient funds (NSF), a \$25 return check fee will be added to your account.
- a. **CARE CREDIT:** The PUVH is partnered with a third-party company, CareCredit, to provide alternative payment arrangements. CareCredit offers longer payment terms and low to no interest depending on balances. This line of credit option requires an application through CareCredit's website and is subject to approval directly from CareCredit.
 - b. **CREDIT/DEBIT CARD PAYMENTS:** I understand PUVH will tokenize my credit/debit card information when I make a payment. This means the actual payment card data will be replaced with a token and securely stored "on file" in the PUVH billing system, accessible only to authorized members of our billing staff. This stored token will be used for recurring payments, future payments, collection of unposted fees, and/or refunds as appropriate. I understand PUVH will charge my stored tokenized card for all charges associated with this visit including those that may post to my account after my animal is discharged.
- 15. FINALIZED CHARGES:** As owner/agent, I understand that not all charges are posted at the time an animal is released and discharged from the hospital. I acknowledge that the PUVH has 30 days from the date of discharge to post all final charges and issue notifications to clients of balances or credits on accounts. I understand that notification can be via postal mail, phone call, and, if consented to, emails and/or text messages. I acknowledge that I will have 30 days from the date of first notification of all posted final charges to pay in full to avoid service disruptions and/or additional collections fees.
- a. **REFUNDS:**
 - i. Credits will be refunded back to the original form of payment. Care Credit will be refunded first if multiple payment sources are used unless I explicitly request differently.
 - ii. Cash and check payments can only be refunded by check and will be mailed to the address on file.
 - iii. I understand any unclaimed credit(s) will be submitted to Indiana Unclaimed after 180 days.
 - b. **UNPAID BALANCES:**
 - i. I acknowledge that I am responsible for any charges that were not collected, for whatever reason, at the time my animal was released and discharged from the hospital.
 - c. **UNPOSTED FEES:** The term "unposted fees" refers to services, and subsequent charges, that were rendered in the hospital which were still in the processing stage when the animal was released and discharged from the hospital. I acknowledge that these additional fees may be added to my account and agree to pay for these services and subsequent charges when contacted by the PUVH.
 - i. I understand that the PUVH and its associates will make multiple attempts to collect unpaid balances. If left unpaid after 30 days from the first invoice date, a collection fee may be added to my account.
- 16. AFTER-HOURS PICK-UP (Brunner Equine and Farm Animal Hospitals):** Animals requiring pick-up outside our normal business hours must be scheduled during our designated After-hours pick-up times to ensure proper personnel are onsite for the discharge and will be subject to a \$25 fee. Clients will be required to call ahead and schedule the pick-up at which time the \$25 fee and full posted balance will be due before the pick-up time can be confirmed.
- 17. COLLECTION COSTS:** As owner/agent, I understand that multiple attempts via postal mail, phone, email, and/or text will be used to notify me of any balances owed. In the event, a balance is left unpaid after 30 days from the first invoice date, a \$25 Collection Fee will be added to the account. If an account remains unpaid the account will be turned over to the PU Accounts Receivable department and once this occurs, I understand that PUVH will rescind any previously posted discounts applied to the unpaid visit, my account will be locked and future services at the hospital or on my farm will not be allowed for any of my animals until all outstanding balance(s) are paid in full.
- a. **ACCOUNTS RECEIVABLE:** The PU Accounts Receivable department will attempt to collect outstanding balances and associated fees mentioned in this section and if unsuccessful, I acknowledge that my account will be turned over to an outside collection agency and/or pursued in Small Claims court. PU Accounts Receivable will then send delinquency data about me to the three credit reporting bureaus. If this occurs, I understand I am responsible for any fees associated with attempting to collect the outstanding balance and I will not be accepted at PUVH for future care of my animal(s).
- 18. FUTURE VISITS:** I understand that this consent is valid for all future visits. I can request a copy of the agreement at any time, or I can locate the policy on the hospital webpage.