



Companion Animal Welfare Society ~ CAWS RI

88 West Warwick Ave - West Warwick RI 02893 – www.cawsri.org - 401.615.2200

WELCOME TO OUR PRACTICE!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information. **Please PRINT in all spaces.**

Owner's Name: _____ Date: _____

Address : _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Significant Other: _____ Significant Other's #: _____

Employer: _____ Significant Other's Employer: _____

E-mail address: _____ How did you hear about us? _____

Pet's Name: _____ **List names and types of other animals in your home:**

Species: Dog Cat Other: _____ Cat or dog? _____ Name: _____

Breed: _____ **Age:** _____ Cat or dog? _____ Name: _____

Color: _____ Cat or dog? _____ Name: _____

Sex: Male Neutered Unneutered Cat or dog? _____ Name: _____

Female Spayed Unspayed Cat or dog? _____ Name: _____

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. **Please show proof of up-to-date vaccine history.** The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.



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CAWS VETERINARY HOSPITAL FINANCIAL POLICY

We are a 501(c)3 non-profit veterinary hospital. We are fully self-supporting through veterinary fees and donations. We do not receive any state or federal funding. Consequently, we must strictly adhere to the following policies:

- Payment is expected at time of visit, we are not able to offer payment plans. We will gladly prepare a written estimate if you desire - please ask our doctor or receptionist,
- If your pet is to be hospitalized overnight, we require a 50% deposit of the estimated charges,
- There will be a \$30.00 service charge for any check returned unpaid,
- We accept cash, Visa, Mastercard and Discover as well as checks with appropriate identification,
- We also accept CareCredit, a medical credit card that you can make monthly payments on, please ask us about this or you can go ahead and apply directly through their website, www.carecredit.com

We have a sliding scale fee structure. Are you interested in seeing if you qualify for financial assistance?

YES NO If yes, please inform receptionist.

To qualify for financial assistance, you must have proof of low income or state/federal assistance along with a photo ID. Examples of proof include: SNAP card, award letters of disability or social security, federal tax filings, etc. Financial qualification is based on your **TOTAL HOUSEHOLD INCOME, not on individual income** – therefore, proof of income must be shown for each adult in the household. Once qualified, the reduced rates are good for 1 year; you must requalify for the discounted rate every year.

Please sign below to acknowledge understanding of our payment policy.

DATE: _____

SIGNATURE OF RESPONSIBLE AGENT: _____