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"Professional and personal service for you and your pets"

Gary Sargent, DVM
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SOUTHWEST VETERINARY HOSPITAL POLICIES

Thank you for choosing our hospital! We understand that you have many options when it comes to the care and treatment of your dogs and cats. We welcome the opportunity to show you what we do best!

Payment Policy

We proudly accept:	
Cash	Check
Debit	Visa
Mastercard	CareCredit*
<i>Sorry, no American Express</i>	

All payments are due at the time of service; our staff is happy to discuss any questions or concerns prior to service. Please be aware that if you are paying with a check for the first time, a valid driver's license is needed.

I authorize SWVH to institute legal action if my account becomes delinquent or if I am negligent of financial for services.

Initials _____

*Payment Plan

Our practice offers a no interest, 6-month payment plan through CareCredit®. If you are interested in applying for CareCredit®, please ask a staff member for assistance.

Initials _____

Rabies Policy

For the safety of our staff and patients, documentation of current rabies immunization or titer test must be provided prior to exam, treatment, hospitalization, or surgery.

Initials _____

Hospitalization

Our facility does *not* offer on-site overnight care. Pets in need of continued medical care throughout the night may be transferred to the Animal Emergency Center.

Initials _____

Safety

For the safety of your pets and those around you, we ask that all patients be on a leash or in a carrier. Patients may be ill or nervous. Please refrain from social interactions with other patients.

Initials _____

I am the owner, or authorized agent, of the animal(s) presented for medical care. I hereby authorize Southwest Veterinary Hospital to perform necessary diagnostics and treatments on my animal(s). I am financially responsible for all fees incurred for these services.

Name (capitals) _____

Signature _____

Date _____

Email Address

Get our newsletter and access to our online services through ePetHealth!

Email: _____

