

Authorization:

We offer the following payment options:

Cash

Debit

Check

Visa,MasterCard or Discover

I understand that I may request a written estimate for any and all services.

I would like an estimate for future services after initial examination: Y N Initial _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal.

I also understand that all professional fees are due at the time services are rendered.

Signature of Owner/ Responsible Party
(Must be over 18 years of age)

Date