



120 Dillard Road, Madison Heights, VA 24572
434-218-7070

Financial Responsibility

I assume responsibility for all charges incurred in the care of my animals. Payment and Professional Fees are due in full at the time services are rendered. A deposit will be required on animals admitted into the clinic for non-routine services, with the balance to be paid in full at the time of the pet's release unless previous arrangements have been made. I accept responsibility for these fees and any other fees incurred by me including collection fees. If my account becomes assigned to a collection agency, I agree to pay all collection agency fee, court costs, and attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement. Service charges apply to all unpaid balances. My account will be billed 3% interest monthly for balances over 30 days old.

Name printed: _____

Signature: _____

Date: _____