



ANIMAL REHABILITATION & Wellness Clinic

The fee for **ALL** of our initial evaluation visits done by our veterinarian will be \$135.00 for dogs/cats. Please be aware that all vaccinations must be current, should your pet need to be admitted into our facility. Any and all vaccines **WILL** be updated in the event that they are expired at the time of admission. Owner will be responsible for any additional charges. We accept several means of payment (see below). We **DO NOT** offer payment plans, but we do offer Care Credit services for those who qualify (ask for more information) Rehabilitation package charges will be due at the **BEGINNING** of every week at the time your pet is dropped off for treatment.

Please initial, to confirm you agree to our requirements. _____

(THIS SECTION MUST BE COMPLETED IN FULL)

Your Name: _____ Pet's Name: _____

Date: _____

Address: _____

Primary Phone: _____ Driver's License#: _____ State: _____

Telephone Number: _____

Method of Payment (Please check one)

Cash _____ Check _____ Credit Card _____ Care Credit _____

CONSENT TO PROVIDE SERVICES

I give the Doctor of 4Paws Animal Rehabilitation and Wellness Clinic, as well as the Doctors of LakeCross Veterinary Hospital permission to treat my pets in the event they become ill while under our supervision. I understand I will be responsible for any charges that are incurred during the treatment of my pet. I also understand it is the policy of 4Paws Animal Rehabilitation and Wellness Clinic, as well as LakeCross Veterinary Hospital that all animals have current vaccinations and are free from internal and external parasites. Pets with fleas will be treated at the owner's expense.

Signature: _____

Date: _____