

Lakeland Animal Hospital

FINANCIAL AGREEMENT

CLIENT FULL NAME:

.....
CLIENT ADDRESS:

.....
PHONE NUMBER:

PET NAME:..... SPECIES:.....

BREED:..... BIRTHDATE:

SEX:..... ALTERED?

I,..... accept **full financial responsibility** for the veterinary services rendered for my pet. I also accept full financial responsibility for any charges incurred for nonpayment of this bill, including, but not limited to finance/service charges, collection fees, and late fees. We reserve the right to charge a \$25.00 fee for any appointments missed or canceled without giving a 24 hour notice.

Signature:

Date:

Social Security Number:

Driver's License Number: