

LOVE TREE ANIMAL HOSPITAL, INC
Statement of Financial Responsibility

All services are strictly cash, check, or credit/debit and must be paid at the time of discharge. I acknowledge and accept full responsibility for all services rendered. I agree to pay any service charge or interest (1.5%/mo., 18%/yr.) that may be assessed to any balance over 30 days past service date. In the event of default, I understand the balance due may be placed with a collection agency and I agree to pay the 35% collection fee. In the event of legal action, I agree to pay reasonable attorney fees and court costs.

Signature: _____ **Date:** _____