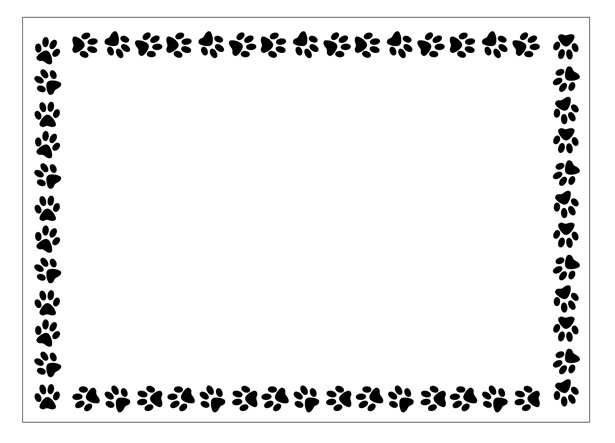
**Acknowledgement of Payment Due at Time of Service**



By signing below, I am acknowledging that payments to Richmond Hill Animal Hospital are due in full at time of service. We do not offer billing policies or payment plans.

We accept major credit cards (MasterCard, Visa, American Express, Discover) as well as cash or check. At this time, we do not accept Care Credit.

There is a $25 fee for any returned checks.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_