

Knicht Veterinary Clinic

220 Elmcrest

(208) 587-7941

Mountain Home, ID. 83647

Jeremiah Burnett, D.V.M.

Chase VanOrden, D.V.M.

Brett Remund, D.V.M.

CONSENT FOR TREATMENT

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet _____. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges **will be paid at the time of release** and that a deposit may be required for treatment. I understand monthly finance charges of 18% maximum of the debt or \$3.00 minimum will be added to my account should I default on any payment due on my account. I agree to reimburse KVC the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorney's fees, we incur in such collection efforts.

Method of payment: Cash/Check _____ Credit/Debit _____ Care Credit _____ (if qualify)

Contact Phone Number:

Emergency Phone Number:

Print Name: _____ Signature _____

Date: _____ I would like an estimate: YES/NO