



## CLIENT FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT

In order for the Animal Hospital of Waynesboro to keep a lower cost basis, it is our policy to expect payment when services are rendered. In the event that it becomes necessary to turn your account over for outside collection, you acknowledge your responsibility to pay all costs of collection that may ensue, including but not limited to court costs and attorney fees.

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

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

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

Client ID Number: \_\_\_\_\_