PAYMENT OF FEES

Surname:.....Address:.....

Patient name:.....Computer Number:.....VS:.....

ESTIMATE OF COSTS

I have received an estimate that the cost of investigation and/or treatment for my pet will be £.....

I understand that this is only an estimate and that actual fees may vary slightly.

PAYMENT OF FEES

Please delete as appropriate:

- I WILL BE PAYING BY CASH /CHEQUE / CREDIT CARD /DEBIT CARD now or on collection of my pet.
- MY PET IS INSURED: YES / NO If Yes, Insurance company:.....
- HAS YOUR INSURANCE COMPANY GIVEN PRE-AUTHORISATION FOR THIS CLAIM: YES / NO
- THE FULL COST OF TREATMENT IS INSURED Claim form signed & submitted ☐

  Claim form to follow ☐
- PART COST OF TREATMENT IS INSURED Claim form signed & submitted ☐

  Insurance limit: £..... Claim form to follow ☐
- OTHER ARRANGEMENTS AGREED BY VETERINARY SURGEON:

  .....

  .....VS initials:.....

I understand that all fees are due to be paid in full after consultation or when I collect my pet after a procedure.

Insurance claims will be completed by Southern Counties Veterinary Specialists in good faith, but the contract is between myself and my insurance company, and I am therefore liable for all fees that may not be paid by my insurance company.

Signed..... Dated.....

PRINT.....