

Tufts PETFAX

CONSULTATION REQUEST FORM

Date:

Current fee per consult is \$250*

Method of Payment: VISA _____

MasterCard _____

Discover _____

AmEx _____

Expiration Date ____/____/____

Signature: _____

Personal Check - Personal checks are accepted. Your check should be made payable to Trustees of Tufts and must accompany the consultation form.

Owner's Name: _____

Pet's Name: _____

Area Code and Fax Number: (____) _____ - _____

Area Code and Phone Number: (____) _____ - _____

Email: _____

Clinic Case Number
(if you have one): _____

Thank you for using PETFAX

* Fees are valid at the time this form is sent out and are subject to change with the passage of time.

If you have any questions, call Ronni Tinker at 508-887-4640

Our fax number is (508) 839-8734