

Tufts RECHECK PETFAX

Date:

Current fee per consult is \$125*

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**