



Good Shepherd
Veterinary Hospital

101 Fox Trot Dr
Mars, PA 16046
Tel: 724 776 PETS
Fax: 724 776 7388
www.gsveterinaryhospital.com

FINANCE

I hereby authorize Good Shepherd Veterinary Hospital professional staff to examine, prescribe, treat, and/or utilize procedures or tests deemed necessary for my above described pet to insure the best possible care I assume responsibility for all charges incurred to my pet. I understand that payment is due at the time service is rendered and that GSVH does not bill. A deposit is required if non-elective hospitalization is necessary. An estimate is given upon request.

Date _____

Signature _____