

# Bend Equine Medical Center and Small Animal Division

## *Policy Check List*

After reading through our policy document, please fill out the following check list confirming that you have read and understand our policies and return it to our office.

I \_\_\_\_\_ have read and fully understand the policies  
(please print name)

stated by Bend Equine Medical Center and Small Animal Division as listed in their policy document provided to me. I understand that Bend Equine Medical Center and Small Animal Division reserves the right to change any policy without prior notice.

*The following is a list of policies covered in the document:*

Office Hours

Emergency Services

Appointments & Scheduling

Bend Equine Medical Center Trainer/ Agent Permission Form

Cancellations

Payments & Billing

Automatic Payment Policy

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(Signature)

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(Date)