

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

(Signature)

(Date)