

# VETERINARY OPHTHAMOLOGY SERVICES OF TENNESSEE

## RESCUE GROUP FEE AND PAYMENT INFORMATION

Thank you for choosing Veterinary Ophthalmology Services for your rescue / foster animal's care. We appreciate your trust, and will provide excellent care. Your exam fee will be discounted; however other procedures, tests and medications will be charged at the regular rate.

In order to receive the tax exemption and discount, we must have a copy of your 501(C)3 form. Please send a copy of that form along with this form to VOS.

**All Veterinary Ophthalmology Services appointment and surgical fees are due the day of service. We do not invoice, so please be prepared with a credit card number or check from your rescue group treasurer when you arrive for your appointment.**

**Surgery patients pay 50% of the estimated surgery fee at the time of drop off in the morning and the balance is due in the afternoon at pick up.**

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**PLEASE FILL OUT THIS FORM AND BRING TO THE INITIAL APPOINTMENT FOR EACH NEW PATIENT.**

**YOU MAY FAX / EMAIL THIS FORM TO VOS  
(FAX: 615-690-9398) (EMAIL: [OFFICE@VOSTN.COM](mailto:OFFICE@VOSTN.COM))**

I, \_\_\_\_\_, am the responsible agent / foster for  
\_\_\_\_\_ (Rescue Group Name). I will bring information for payment by credit card (MC, VISA, Discover, AmEx) or bring a check / cash to my appointment as well as for Surgery drop off.

It is my responsibility to contact the appropriate person at my rescue group to provide this information on the day of service. The contact information for the person providing this information at my rescue group is:

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_