

**Tufts PETFAX**

**CONSULTATION REQUEST FORM**

Date: \_\_\_\_\_

**Current fee per consult is \$250\***

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