



**VETERINARY DIVISION**

Patient Payment Form

**DYNASPLINT CANADA**

20-4000 Steeles Ave. West

Woodbridge, ON L4L 4V9

Phone: 800.668.9139 ~ Fax: 905.851.3494

Patient (Animal) Name: \_\_\_\_\_

Financially Responsible Party: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please Circle:            Visa            MC            Amex            Discover

Card/Check Number: \_\_\_\_\_

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

Card/Account Holder's Name: \_\_\_\_\_

I authorize Dynasplint® Canada to charge my credit card \$450 CDN, \$25.00 shipping and handling, and GST & PST, 72 hours after the fit date for the patient above. I authorize an additional \$250 CDN charge to my credit card if the treatment surpasses 30 days and the unit(s) has/have not been received by Dynasplint® Canada, post-marked within the 30-day period.

I have read and understand the terms and agree to the conditions stated herein.

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Signature

Date