

**ALL PETS MEDICINE, SURGERY &
REHABILITATION CLINIC, PA
106 STATE HWY 22 S.
MAPLETON, MN 56065
507-524-3748**

I, _____ fully understand that All Pets Medicine, Surgery & Rehabilitation Clinic requires payment at the time of service or purchase. In addition to the original amount I also understand that in the event of nonpayment I agree that any additional court costs or attorney fees would be due and payable. The venue for any dispute will be Blue Earth County.

Any past due balance of 30 days or more will occur an 8.5% late fee APR or highest amount allowed by law.

Signed: _____ Date: _____

Printed Name: _____