

SHAWNEE ANIMAL CLINIC, INC

BOARDING CONSENT

12/5/2011

Client ID: TEST
Client Name: PRACTICE SESSION
Address: SMITH ROAD

PORTSMOUTH, OH 45662
Telephone: (740) 555-5555

Patient ID: 19525
Name: DOG ** SENIOR
Species: CANINE
Breed: BEAGLE
Sex: NEUTER
Color: TRI COLOR
Weight: 25 pounds
Birth Date: 8/1/2002

BOARDING DATE IN

BOARDING DATE OUT

Boarding Information:

Medication brought in by client:

Medication given today?

What is pets normal diet?

Pet has own food or personal items?

Services requested while here boarding:

- ❖ I have been advised that all patients left in our care must be current on vaccinations. If medications are necessary for treatment or handling, I give my permission to Shawnee Animal Clinic, Inc. (SAC) to administer such medications.
- ❖ In the event of my pets illness while in the care of SAC, or if any emergency situation should arise, I understand that SAC will make every attempt to contact me at the numbers I have provided. However, if after reasonable attempts to contact me are unsuccessful, I authorize SAC to do whatever is necessary for my pets well being.
- ❖ I understand that I assume financial responsibility for **ALL SERVICES RENDERED** and **that payment is due at the time of service. I understand my pet will be returned to my care at the time payment is received in full.** If for any reason it is necessary to pursue collections on any balance due, I, the client/pet owner, will be responsible for any and all collection fees and/or court costs incurred, in addition to any balance due, at 18% interest.
- ❖ It is SAC recommendation to have your pet vaccinated at least 10-14 days prior to a "routine" admission, such as scheduled surgery or boarding. Again, this is not a guarantee against catching an airborne virus or bacterial infection, but it is the only tool that we, as an animal hospital, can offer. SAC will not be held responsible for any cost involved in treatment of this illness.

Emergency Ph#

Other Contact Ph#

Signature: