



SOUTHERN HILLS ANIMAL HOSPITAL

I, _____ (*please initial here*), understand SHAH's payment policy: ***Payment is due in full at the time of service, no exceptions.*** We gladly accept Cash, Visa, MasterCard, Discover, AmEx, and Debit Cards as forms of payment. We **DO NOT** offer any forms of billing or any payment plans other than Care Credit at this time. A 50% deposit on estimated charges is required on all hospitalized cases.

I, _____ (*please initial here*), the undersigned owner or authorized agent of the admitted patient, hereby authorize Southern Hills Animal Hospital to administer such treatment and additional procedures that are considered therapeutically and/or diagnostically necessary. I also consent to the administration of anesthetics or surgeries as deemed medically necessary.

I, _____ (*please initial here*), further understand that no guarantee of successful treatment is made and that risks and probabilities of complications exist in any surgical or medical treatment. I understand that charges are made for services rendered and that payment for such charges are due at the time required by statute NAC637.051 of the Nevada State Board of Medical Examiners shall be deemed abandoned by the owner and will be handled according to said statute. Furthermore, this action will not relieve me from financial obligation and will be required to pay for all charges acquired to that point, all legal and/or court costs and collection agency fees incurred with the collection of services rendered.

I, _____ (*please initial here*), permit Southern Hills Animal Hospital to display my pet's picture in any picture frames, emails, client education resources, on the Southern Hills Animal Hospital website or other social media websites.

I have read, understand and agree to the above statements.

Owner/Agent _____ Date _____

Office use only

Client #: _____ Entered by: _____