

Nippers Corner Pet Medical Center

5511 Edmondson Pike, Suite 101

Nashville, TN 37211

(615) 833-PETS (7387)

Permission Form

Owner Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Driver's License: _____

Patient Name: _____

Species: _____

Breed: _____

Sex: Male or Female

Color: _____

Markings: _____

Birth Date: ___/___/___

I certify that I own the above described animal and I do hereby consent and authorize Nippers Corner Pet Medical Center and its staff to hospitalize this animal, and to administer medications, tests, surgical procedures, anesthetics, and/or treatments that the doctors deem necessary for the health and well-being of the above described animal while it is under their care and supervision.

I do hereby release Nippers Corner Pet Medical Center and its staff of any responsibilities and/or liability in the absence of gross negligence in the event that this animal should injure itself, refuse food, become ill or die while in the hospital.

I understand that if my pet has fleas or ticks, it must be given a **Capstar** and/or bathed before hospitalization, and I agree to pay for this service.

I have been given an estimate as to the costs of this treatment or if I have not, I understand that I may request an estimate, realizing that circumstances may make completely accurate estimates impossible.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time of discharge. If I neglect to pick up the animal within 5 days of written notice you may assume that the pet is abandoned. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of non payment, a finance charge of 1.75% per month (21% per year) will be charged and that any collection or attorney fees will be paid by me.

Contact number for today: _____

If an attempt is made to reach me, and I am unavailable, and the procedure is already underway, the doctor has my permission to proceed, using her best judgment.

Procedure: _____

Owner Signature: _____

Date: _____

Witness _____