

Southern Equine Service
1258 Banks Mill Road, Aiken, SC 29803
(803)644-1544 Office / (803)644-1599 Fax

Owner Name: _____ Number: _____
Address: _____ City: _____ State: _____ ZIP: _____
Patient Name: _____ Species: _____
Breed: _____ Age: _____ Color: _____ Sex: _____

Bone Scan Treatment Authorization and Consent

I am the owner or authorized agent for the owner, of the above, described animal and have the requisite authority to execute this consent. I hereby consent and authorize performance of the following procedure(s) or operation(s):

Reason for Appointment: Bone Scan Date for Appointment: ____/____/____
(Please circle all appropriate selections) Front End Hind End Whole Body Soft Tissue _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures(s) as are deemed necessary and desirable in the exercise of the veterinarian's professional judgment.

I authorize the use of appropriate sedation and/or other medication(s) and I understand that hospital support personnel will be utilized as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) and the risks involved. I acknowledge that the results cannot be guaranteed.

I acknowledge that, in the course of treatment, it may be necessary for the owner, agent of the owner, or an employee of Southern Equine Service to ride the above described animal. I hereby authorize and consent to such ride and I agree to release, indemnify, defend and hold Southern Equine Service, its employees, agents, successors, volunteers, or assigns, harmless from and against any and all loss, damage, claim, liability, or responsibility of whatever kind and nature, including court costs and attorney fees, arising from, or incurred in connection with injuries to myself or other persons or damage to property or to the above described animal which may arise by virtue of my riding or an employee of Southern Equine Service riding the above described animal.

WARNING: UNDER THE SOUTH CAROLINA EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSONS OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.

I further agree that I, or my authorized agent, will pick up my horse and pay all past and current charges. Should I fail to comply with this policy, Southern Equine Service is authorized to change my entire balance. I realize that my account is subject to an interest charge of 1.75% per day on any balance over 15 days and that I am responsible for all collection costs if this invoice is not paid pursuant to its terms and conditions.

I will be paying for my bill with the following credit card _____ Exp _____ CVV _____

I have read and fully understand all information presented in this authorization and consent form.

Signature of Owner / Agent

Date