



Client Consent Form

2704 W Michigan St
Duluth, MN 55806

218-481-7373
info@balancedpaws.vet

By Appointment Only: 9:00am-4:00pm (M, T, Th, Fr)

Client Information

Name			
Address			
City		ZIP	
Phone		Email	
Spouse's Name		Spouse's Phone	

Patient Information

Name			
Species		Breed	
Age/D.O.B.		Sex/Altered	
Weight		Temperament	

Cancellations, Late Arrivals, Missed Appointments: We are committed to providing exceptional patient care. Unfortunately, when one client cancels without giving enough notice, they prevent another patient from being seen. Please call us at (218) 481-7373, at least 24 hours prior to your scheduled appointment to notify us of any changes or cancellations. If prior notification is not given, you will forfeit one package session for the missed appointment. Late arrivals will be shortened to meet the scheduled end time unless time is available to enable an extension.

Financial Payment is due at the time of service and can be in the form of cash (exact amount only), personal check, Master Card, Discover, Visa, Apple Pay, or Care Credit. Delayed payment or returned checks are subject to a \$50 fee. All services purchased are non-refundable.

Health and Safety:

Laser therapy and pulsed electromagnetic frequency (PEMF) is contraindicated for the following conditions: **pregnancy, pacemaker, and/or cancer.**

If the above applies to you or your pet, please let a staff member know prior to beginning therapies for your pet. Pets must be clean and parasite free with no signs of fleas, ringworm, or mange. We require that all patients be up to date on rabies vaccination, unless you have a documented veterinary exemption. All pets must be restrained by a leash or pet carrier prior to entering; this is for your pet's safety and the safety of other pets. Equipment is only to be used by, or under the supervision of, the staff. Do not attempt to use, climb, jump, or balance on any rehab equipment. When space allows, you may be able to sit in the gym and observe your pets; however, we can't always guarantee this. Please wait for a staff member to escort you to a chair/bench in the gym area.

Acupuncture: I hereby authorize and consent to the performance of medical acupuncture for my pet, and understand that acupuncture is considered an alternative medicinal therapy. I understand that these acupuncture techniques are regarded as generally being safe. However, some of the side effects that can occur include, but are not limited to: bleeding, bruising, breaking of a needle, or needle ingestion.

Medical Emergencies: If an accident or medical problem occurs while your pet is with us and immediate intervention is needed, we will contact you if you are not on the premises and help you seek care either at your primary veterinarian or Blue Pearl Emergency Hospital.

Talent Release: Balanced Paws often photographs and videos patients for medical records, educational purposes, and promotion and/or advertising. Unless otherwise noted, I hereby consent to all photos and videos being used at Balanced Paws Veterinary Rehabilitation and Acupuncture's discretion.

I have read and understood the above waiver and policies.

Signature: _____ Date: _____

Printed Full Name: _____