

Client ID: _____

Client Information

Mrs. ____ Mr. ____ Ms. ____ Dr. ____ Prof. ____

First Name: _____ MI: ____ Last Name: _____

Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Do you live in city limits? (City tags are required for dogs and cats in city limits) Yes ☐ No ☐

Home Phone: (____) _____ Cell: (____) _____

Preferred contact number: (HOME) (CELL) (WORK)

Email: _____ Declined ☐ (You will not receive coupons)

Work Place and Position: _____ Work: (____) _____

Emergency Contact: _____ Relationship: _____

Phone Number: (____) _____

How did you hear about us? Yellow Pages ☐ Pet Store ☐ Online ☐ Hospital Sign ☐ Radio ☐

Personal Recommendation ☐ (Whom can we thank? _____)

Method of payment

Payment is required at the time of service. Pets will remain in hospital at owner's expense until payment is received in full. Please check one option below. WE DO NOT TAKE CHECKS.

Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Care Credit ☐ Cash ☐ Tradebank/Itexx (services only) ☐

Pet Information

Name: _____ Age/Birthday: _____ Species (Cat, Dog, etc): _____

Breed: _____ Color: _____ Male ☐ Female ☐ Spayed/Neutered: Yes ☐ No ☐

Previous Vet: _____ May we contact for records? Yes ☐ No ☐

Does your pet have allergies? Yes ☐ No ☐ If yes, what? _____

Has your pet ever had a reaction to a vaccine or medication? Yes ☐ No ☐

If yes, please explain: _____

Name: _____ Age/Birthday: _____ Species (Cat, Dog, etc): _____

Breed: _____ Color: _____ Male ☐ Female ☐ Spayed/Neutered: Yes ☐ No ☐

Previous Vet: _____ May we contact for records? Yes ☐ No ☐

Does your pet have allergies? Yes ☐ No ☐ If yes, what? _____

Has your pet ever had a reaction to a vaccine or medication? Yes ☐ No ☐

If yes, please explain: _____

PLEASE READ OUR POLICIES ON THE BACK OF THIS PAGE AND SIGN AT THE BOTTOM.

Hospital Policies

General

For your safety, as well as the safety of your pets and other clients and their pets, please keep your dog leashed, flexi leash locked, and allow your cat to remain in its carrier. Please allow our staff to handle your pet during your appointment for the safety of your pet, our staff, and yourself. Please understand that Rabies is required by law for all canine and feline patients. All other vaccines and wellness tests, if declined, are done so with the knowledge that you may be putting your pet at risk for dangerous or deadly diseases.

Appointments

Please be courteous to our doctor and other clients and allow us 24 hours' notice when canceling or rescheduling an appointment. A \$10 charge may be applied to your account for every missed appointment.

Deposits and Billing

Payment is due at the time of service. Pets will remain in hospital at owner's expense until payment is received in full. For some treatments of hospitalized care, a deposit may be required. All new clients leaving their pet with us for treatment or boarding are required to leave a 50% deposit. Payment plans may be offered on a case to case basis. A credit card must be kept on file, and a contract signed. If a payment is missed without contact by the owner the account will be relinquished to a collection agency. If you are financially unable to care for your pet and request our assistance (payment plan, or holding a card), you must apply for Care Credit through our receptionist before a payment plan can be created. Payment plans require a 50% deposit before treatment begins, unless otherwise stated in written contract. Payment plans can only be approved through a manager.

Consent

You may be asked to sign a treatment plan confirming authorization of diagnostic procedures and/or treatments. The details of treatment, risks of treatment, and/or the risks of not treating will be explained to you after the initial examination. As treatment plans are generally only given for procedures and higher cost diagnostics, please let our staff know if you would like a treatment plan for every visit.

By signing below you agree to the above terms of our financial policy and give us permission to handle and treat your pet.

Print Name: _____

Signature: _____ Date: _____

Photo Release

I hereby give my permission to Callahan Drive Animal Hospital to use any photos and/or videotape material taken of myself and/or my pet(s) during any exam or procedure to share on the hospital's website or social media website (Facebook ©) which may be viewed by other pet owners, friends, and/or employees of the practice, clients and community members. The photos and/or videotape material will only be used for education of viewers and enjoyment/welcoming of clients and their pets. As with all professional and personal consent, I may at anytime withdraw permission for photos or video footage of me and/or my pet to be used in the manner stated above. I may withdraw my permission by contacting the staff at Callahan Drive Animal Hospital via phone at 865.938.0243 and requesting removal of tag and or image.

Signature _____ Date _____ Declined ☐