



Client Information

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Email: _____

Best Phone # during Normal Business Hours:

Whom may we thank for referring you? _____

Animal Information*

Animal Name	Species	Breed	Color	Birth Date	Sex (M/F)	Sterilized (Y/N)

*Please List all Animals in the Household

Regular or previous veterinary hospital _____

May we contact them for patient records? Yes / No () _____ - _____

Financial Agreement & Authorization

I understand that payment in full is expected when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express, and CareCredit. I verify that all the information provided is accurate.

Signed _____ Date _____

Record Updates (includes month, year & initials) **For Clinic Use Only**

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Consent Form for Treatment and/or Admission

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I consent to the examination of this pet by staff veterinarians at Companion Animal Hospital, LLC. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

I understand that an estimate of the fees for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of 50% of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than forty-eight hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every forty-eight hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I agree to pay a monthly billing and a service fee equal to 1.5% of any unpaid balance. I understand that there will be a fee of \$27.00 for any check returned for non-payment. Should the account be referred to an attorney or collection agency for collection, the owner or financially responsible party agree to pay all attorney's fees or collection agency fees, and other costs of litigation.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel will not be provided during these hours.

I hereby authorize the hospital to release information from my pet's medical record to any person, agency, or authority as the hospital in its sole discretion may determine necessary.

I understand that in order to promote the safety of employees and hospital visitors, as well as the security of its facilities, the hospital may conduct video surveillance of its premises at any time. These cameras may also be used for support staff training purposes.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five days of receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a manner that is in the best interests of the pet and the hospital.

Signature of Owner or Agent

Date