



Welcome to the Abbott Road Animal Hospital. We are glad you have chosen us to care for your pets. Please complete the information below and on the back of this sheet.

Owner Information

Your Name _____

Address _____ City/State/Zip _____

Phone # _____ Cell phone # _____ Work # _____

Email Address _____ @ _____

Are you (or your significant other) a veteran or member of the military? Y N

May we use photographs of your pet for educational/promotional purposes? Y N

Who else is responsible for your pet(s)?

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone # _____ Cell phone # _____ Work # _____

How did you hear about us?

Family/friend _____ -If yes, please indicate name so we can thank them _____

Previous Client _____ Phone book _____ Internet/website _____ Saw sign/drove by _____ SPCA _____

Please provide the following information on your pet(s):

Name _____ Breed _____ Date of Birth _____

Male / Female _____ Spayed/Neutered/Unaltered _____ Color/Markings _____

Microchip Y / N If yes, # _____

Household Pet Information:

Number of pets in household: Dogs _____ Cats _____ Other _____

Clinic Policies:

Please review the following clinic policies. Initial next to each one to indicate that you have read and understand the policies of Abbott Road Animal Hospital and agree to these terms.

_____ Your pet's medical records are legal documents that are treated with confidentiality. There are times that we need to obtain previous medical records or share medical information as requested by certain organizations. By initialing, you give us consent to receive and share pertinent medical information as needed with other hospitals, specialists, groomers, boarding facilities, town/city clerks, pet insurance providers, and rescues.

Continued on back --->

_____ Payment for services provided is *expected at the time of service*. We accept cash, personal check, Visa, Mastercard, Discover, American Express, and CareCredit. There is a \$20 returned check fee enforced as applicable. Billing fees will be incurred if a balance is not resolved within 30 days. Account balances remaining after 6 months will be referred to a collections agency and reported to pertinent credit bureaus.

_____ New and/or inactive clients must place a \$60 deposit to book an appointment. Any clients who miss appointments without providing at least 24 hours notice of needing to cancel or reschedule will be required to place deposits in order to book future appointments. Deposits are placed on the client account as a credit and are applied towards the visit invoice. If an appointment is missed without appropriate notice, any deposit held for that appointment will be forfeit and a new deposit will have to be put down to reschedule.

_____ When the clinic schedule is full, it is up to the doctor's discretion whether we can accommodate any additional appointments. These appointments are considered "squeeze" appointments and are subject to a \$30 overbook/urgent accommodation fee.

_____ Showing up more than 15 minutes late for your scheduled appointment is considered a missed appointment and will result in either being rescheduled or squeezed in, with applicable fees/deposits required.

_____ Patient reminders are sent via email. Appointment confirmations are sent via SMS. Clients are responsible to notify us of any changes to their contact information that could result in missed reminders. Clients who do not utilize email or text message will be responsible for keeping track of their own patients' reminders.

_____ Any changes to the clinic's normally scheduled hours will be posted on our Facebook page. Follow us there for important updates and information.

_____ Medication refill requests can take up to 24-48 hours to fulfill, depending on staffing and scheduling. Medications that are needed same day are subject to an Expedited Prescription Processing Fee of \$10. Any medication requests for patients who have not been examined by the doctor within a year will be declined until the patient is seen. If a chronic medication requires diagnostic monitoring, those tests will also need to be completed in order to continue the medication.

_____ For their safety, dogs should be brought into the clinic on leash (a standard, non-retractable leash) and cats should be brought into the clinic in a securely closed carrier. Use of other pet transportation methods into the clinic is at the client's own risk.

_____ Abbott Road Animal Hospital has a no tolerance policy for disrespectful or abusive treatment of our staff members. Such behavior is grounds for dismissal and termination of the veterinary-client-patient relationship.

I have read and understand the policies of the Abbott Road Animal Hospital above and agree to these terms.

Signature _____ Date _____

