



# WELCOME



We are pleased to welcome you and your pets to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you. We look forward to working with you in maintaining your pet's health.

## REGISTRATION

Are you new to our clinic?  Yes  No

Owner \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

May we text message you regarding your pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext# \_\_\_\_\_ Alt Cell \_\_\_\_\_

May we send you reminder for your pets and other important medical information by email? Yes \_\_\_\_\_ No \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Driver's License # \_\_\_\_\_ (required for checks) Spouse/Co-Owner DL# \_\_\_\_\_

SS# \_\_\_\_\_ Spouse/Co-Owner SS# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse/Co-Owner Employer \_\_\_\_\_ Occupation \_\_\_\_\_

How did you learn of our clinic?  Yellow Pages  Sign  Website  Google  AAHA  Other \_\_\_\_\_  Recommendation

If recommended, by whom? \_\_\_\_\_

In case of an emergency and we cannot contact you, who should we contact?

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please update us on your current pet(s) in the household (provide their names): \_\_\_\_\_

## AUTHORIZATION

I am at least 18 years of age and I hereby authorize the veterinarian(s)/employees of Hanford Veterinary Hospital to examine, receive, prescribe for, treat or perform surgical services upon my pet(s). I assume all responsibility for all charges incurred in the care of my pets. I also understand that the fees will be paid at the time services are rendered and that a 75% deposit is required prior to any treatment. I agree to pay for reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I understand that a billing charge of \$5.00 per month and 1.5% per month (18% APR), will be charged on all unpaid balances after 30 days. I fully understand that you do not offer payment plans or revolving credit accounts.

I understand that veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. I understand that if my pet is not picked up after 10 days my pet will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your doing so does not relieve me from financial responsibility including the cost of treatment and keep.

I understand the following hospital policies: **Leashes & Carriers** - We require that your dogs are on leashes and your cats are in carriers when you visit our clinic. We are located next to a busy street and we would not want any of your pets escaping. Please be sure to have your children ask permission to touch other client's pets, not all animals are friendly with strangers. **Appointment Cancellations** - We strongly uphold a 24-hour cancellation policy and ask that you adhere to this policy. If an appointment is missed or not cancelled before the 24-hour cancellation time frame, there will be a missed appointment fee.

I grant Hanford Veterinary Hospital permission to post my pet's picture, story and medical information on social media or decline \_\_\_\_\_ (initial).

Signature of Owner (Representative) \_\_\_\_\_ Date \_\_\_\_\_

Method of Payments Accepted:

Cash, Debit, Visa, MasterCard, AMEX, Discover, Check (electronic debit through Cross Checks & DL# required), or Care Credit

Office Use: Client ID# \_\_\_\_\_ Team Member Initials: \_\_\_\_\_