

Client/Owner Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse's Name: _____ Work Phone _____ Cell Phone _____

Email (for all reminders, emergency recalls, health concerns or outbreaks): _____

Employer (owner) _____ Employer (spouse) _____

Emergency Contact Person: _____ Phone Number: _____

Please tell us how you found our hospital:

Personal recommendation (whom may we thank): _____

Other (please specify): _____

Internet Search Facebook Drive by Yelp Lifetime Fitness

Does PCVH have permission to post your pet's photo on our social media sites? Yes No

Patient Information

(please bring a copy of all medical records and vaccine history for each pet described below)

Name: _____ **Dog** **Cat** **Other** **Age/DOB:** _____

Breed: _____ **Color/Markings:** _____ **Sex:** _____ **Neutered** **Spayed**

Name: _____ **Dog** **Cat** **Other** **Age/DOB:** _____

Breed: _____ **Color/Markings:** _____ **Sex:** _____ **Neutered** **Spayed**

Name: _____ **Dog** **Cat** **Other** **Age/DOB:** _____

Breed: _____ **Color/Markings:** _____ **Sex:** _____ **Neutered** **Spayed**

Name: _____ **Dog** **Cat** **Other** **Age/DOB:** _____

Breed: _____ **Color/Markings:** _____ **Sex:** _____ **Neutered** **Spayed**

Previous Veterinary Hospital: _____

I authorize Pine Creek Veterinary Hospital to contact my previous veterinarian listed above for medical records _____ **Initials**

Authorization

I hereby authorize the veterinarians of Pine Creek Veterinary Hospital to examine, prescribe for and/or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that all charges must be paid at the time of release and that a deposit may be required.

I understand that trained personnel will not attend to hospitalized or boarded animals beyond regular office hours.

Signature (owner): _____ **Date:** _____





Welcome!

Thank you for the opportunity to care for your pet(s). We strive to provide the best care possible to all of our patients and to adequately answer all of your questions you have regarding your pet and his/her health.

We ask that you read the following and sign / initial below.

Financial Policy

All professional fees are due at the time that services are rendered!

In order to provide you the highest quality of services, we cannot extend credit from our office. A 50% deposit will be required for extensive hospitalization, surgical, or emergency procedures.

We accept the following methods of payment:

- Cash
- Visa / MasterCard / Discover / American Express
- Money orders
- Personal checks – In state
- Care Credit – *for bills over \$500*

We do not accept post-dated checks and will not hold checks for any period of time. There will be a \$35.00 administration fee for all returned checks. ***We require a valid driver's license each time we accept a check.***

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the above Financial Policy and agree to the terms.

Signature of responsible party: _____ **Date:** _____ 

Cell Phone Policy

In order to provide you with the best possible care for your animals, we kindly ask that you silence your cell phones while inside of our hospital building. Although cell phones cannot interfere with our equipment, they do interfere with your scheduled appointment time with the doctor and subsequent client appointments.

We appreciate your understanding and cooperation in this matter.

Please Initial _____ 