

Client Information Form

Welcome to our clinic. Thank you for giving us the opportunity to care for you pet(s). So that we become better acquainted, please complete the following information:

Last Name: _____ First: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

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

Email Address: _____ # Pets of at home _____ Do you have Pet Insurance Y / N

How did you hear about us? Individual Referral _____ (Name)

Yellow pages _____ Internet _____ Already know hospital was here _____ Saw the sign _____

Permission to post pictures on social media YES or NO

ALL FEES ARE DUE AND PAYABLE AT TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA /MASTERCARD OR DEBIT CARD. If you wish to pay by check, please complete the following information:

Driver's License Number: _____ State: _____

There will be a \$4.00 processing fee for all Credit / Debit card transactions.

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
PET'S NAME			
SPECIES DOG/CAT			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED/NEUTERED			
WHERE OBTAINED?			
MICROCHIP?			

At what hospital was your pet last vaccinated or treated? _____ City: _____ State: _____

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

NOTIFICATION / AUTHORIZATION: TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE ANIMAL CARE CENTER OF PAHRUMP TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET. I AM FINACIALLY RESPONSIBLE FOR THE PATIENT(S) DESCRIBED ABOVE AND AGREE TO PAY ALL FEES INCURRED. I UNDERSTAND THAT ANY MEDICAL OR SURGICAL PROCEDURE IS ATTENDED BY SOME RISK AND THAT IT IS NOT POSSIBLE TO GUARANTEE THE SUCCESSFUL OUTCOME OF ANY SUCH PROCEDURE. THIS AGREEMENT IS INFORCE INDEFINITELY FROM THIS DATE UNLESS I NOTIFY ANIMAL CARE CENTER OF PAHRUMP IN WRITING TO THE CONTRARY.

Your Signature: _____ Date: _____

Animal Care Center of Pahrump
Boarding Consent Form

Owner's Name _____
Animal's Name _____
Species _____ Breed _____ Color _____
Date of Drop Off _____ Date of Pick Up _____

Please list any medications your pet will need while boarding.

DRUG	DOSAGE	TIMES per DAY	PROVIDED (Y/N)
_____	_____	_____	Y/N
_____	_____	_____	Y/N
_____	_____	_____	Y/N

****There is an additional charge of \$5.00 per day for administration of medication.****

Any information we should know about your pet? (seizure history, past medical problems, etc.)

Feeding instructions (include how much & how often):

Dry _____
Canned _____
Type of food _____

IN AN EMERGENCY, PLEASE CALL (please provide your number or a responsible contact person).

Name _____ Phone: Day _____ Night _____
Name _____ Phone: Day _____ Night _____

My pet will be picked up on (Date) _____ at approximately _____ AM _____ PM.

****Pick up times are Mon-Sun between the hours of 7:30am-11:00am and 2:00pm-5:00pm.****

Reasonable precautions will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed, even in the case of escape or injury. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expenses involved.

I understand that if the animal is not current on vaccinations for DA2PP, Bordetella, and Rabies (if canine) or FVRCP/FelV, and Rabies (if feline), such vaccines will be administered upon examination by a veterinarian and added to the cost of the boarding charges.

All charges, including vaccines and boarding costs, shall be paid when pet is released from the boarding facilities. If the pet is not called for within ten (10) days after the time specified for return, and if the hospital is not notified, either in writing, in person, or by phone, of an alternate date within the ten (10) period, and charges paid up to date, the animal will be considered abandoned and disposition will be determined by Practice Owner. It is understood that this does not relieve me from paying all costs incurred while my pet is boarded at this facility. I understand all boarding pets are unsupervised between the hours of 5:30 p.m. – 7:00 a.m.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO THE TERMS STATED

Signed _____ Date _____

For office use only:

Current on the following: Rabies _____ Da2PP _____ Bord _____ FVRCP _____ FeLV _____

Influenza _____

Receptionist _____