

Client and Pet Information

Client Information

Pet Owner's Full Name: _____
 Spouse/Other's Full Name: _____
 Street Address: _____ Apt No.: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Home Telephone: _____ Work Telephone: _____ Cell Phone: _____
 E-mail address: _____ Driver's License No: _____

How did you hear about us? Please check all that apply

- Recommended by a friend or neighbor. ⇨ Whom may we thank for the recommendation? _____
 Recommended by a pet store or breeder. ⇨ Whom may we thank for the recommendation? _____
 Yellow Pages Outdoor Sign Internet Newsletter Direct Mail, coupon, or flier

Pet Information

1. Pet Name: _____ Species: _____ Breed: _____
 Birthday? _____ Gender: Male / Female Spayed or Neutered?: Yes / No Used for Breeding?: Yes / No
 Description, Appearance, Markings: _____
 Date of last visit to veterinarian? _____ Reason for visit? _____
 Leg Band # (birds only) _____

2. Pet Name: _____ Species: _____ Breed: _____
 Birthday? _____ Gender: Male / Female Spayed or Neutered?: Yes / No Used for Breeding?: Yes / No
 Description, Appearance, Markings: _____
 Date of last visit to veterinarian? _____ Reason for visit? _____
 Leg Band # (birds only) _____

3. Pet Name: _____ Species: _____ Breed: _____
 Birthday? _____ Gender: Male / Female Spayed or Neutered?: Yes / No Used for Breeding?: Yes / No
 Description, Appearance, Markings: _____
 Date of last visit to veterinarian? _____ Reason for visit? _____
 Leg Band # (birds only) _____

4. Pet Name: _____ Species: _____ Breed: _____
 Birthday? _____ Gender: Male / Female Spayed or Neutered?: Yes / No Used for Breeding?: Yes / No
 Description, Appearance, Markings: _____
 Date of last visit to veterinarian? _____ Reason for visit? _____
 Leg Band # (birds only) _____

Minimum immunization Requirements.

To help prevent the spread of parasitic and infectious diseases among pets, all dogs, cats, ferrets, and pet birds that are hospitalized, boarded, or admitted for any reason **MUST BE CURRENT ON ALL STANDARD IMMUNIZATIONS AND FREE FROM INTERNAL AND EXTERNAL PARASITES.** Those that are not current on the standard vaccinations will be immunized at the pet owner's expense, their medical condition permitting. Those that are found to be harboring internal or external parasites will be treated at the pet owners expense, their medical condition permitting. We appreciate your understanding.

Financial Policy.

As in any other hospital, fees are due in full at the time services are rendered. For your convenience, we accept all major credit cards. We offer veterinary health care financing through CareCredit and we accept and process Veterinary Pet Insurance. Of course, you may always pay by cash or check if you wish. We will always gladly prepare a written estimate in advance for any procedure or treatment; just ask any doctor or receptionist. **If you would like to pay by check or credit card, or if you plan to leave yours pet for bathing, grooming, boarding, hospitalization, diagnosis, or treatment, please make sure you have listed your Social Security Number and Driver's License Number on the front of this form.** Commercial Accounts: please provide your company's Federal Tax ID Number.

Please read the following carefully; then sign below. Without the following consents, guarantees, and proper owner identifications, no pet may be admitted, boarded, hospitalized, or left for bathing or grooming or diagnostic or treatment procedures at any of the Chastain Veterinary Medical Group facilities. We regret that we must insist on this. Thank you for your understanding

Pet's Medical History: I, the undersigned, hereby authorizes Chastain Veterinary Medical Group at Meadow Brook Animal Hospital (MBAH) and/or Chastain Veterinary Medical Group at Preston Road Animal Hospital (PRAH) to request and acquire copies of any previous veterinary medical records which may exist elsewhere, and which pertain to the pet(s) identified in this document. I understand that this information will be held in strictest confidence and is requested for internal use only, in order to maintain continuity of further veterinary healthcare for my pet(s).

Immunizations & Parasite Control: I authorize Chastain Veterinary Medical Group at Meadow Brook Animal Hospital and/or Chastain Veterinary Medical Group at Preston Road Animal Hospital to administer the minimum required standard immunizations and parasite control as needed, if needed in the exercise of the attending veterinarian's professional judgement, for any or all of my pets while they are on Hospital premises for bathing, grooming, medical, surgical, diagnostic or treatment procedures.

Payment: I, the undersigned guarantor, assume financial responsibility for payment of all charges for services rendered to any and all of my pets by Chastain Veterinary Medical Group at Meadow Brook Animal Hospital and/or Chastain Veterinary Medical Group at Preston Road Animal Hospital. I understand that all fees are due at the time services are rendered. I also realize that if the charges for the above described pet are not paid in full at the time services are rendered, my account could be subject to referral to a third party for collection with all reasonable collection fees becoming the responsibility of the undersigned guarantor. I understand that a returned check fee of \$20.00 will be assessed for each non-sufficient funds check given to MBAH and/or PRAH.

I agree that if I leave my pet in the care of any of the Chastain Veterinary Medical Group facilities for any reason and have not picked my pet up with-in twelve (12) days of the agreed upon discharge date or made alternative arrangements with the Chastain Veterinary Medical Group for the pet's disposition within that time, then the pet may be assumed to have been abandoned by me, and the veterinarians of the the Chastain Veterinary Medical Group are hereby authorized to dispose of the pet in whatever manner they deem appropriate, consistent with law.

I certify that I have read the above and foregoing New Client and Pet Information Form, that all the blanks were correctly filled in, and that I understand the contents and meaning of this document. I certify that I am the owner of the above described pet, or the owner's legal representative, or that I am duly authorized by the owner to act as his/her general agent to execute this document and accept its terms.

Owner, Legal Representative or
Owner's Authorized General Agent
(Guarantor)

relationship to owner

witness

date