

CLIENT INFORMATION

Please complete form and bring with you to your scheduled appointment.

OWNER: _____ PHONE: _____

CO-OWNER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

BEST EMAIL TO KEEP ON FILE: _____

WORKPLACE: _____ WORK PHONE: _____

CO-OWNER WORKPLACE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

OTHER PERSONS AUTHORIZED TO BRING PETS IN & MAKE MEDICAL/FINANCIAL DECISIONS:

REFERRED BY: _____ PREVIOUS VET: _____

PATIENT INFORMATION

PET NAME (S)				
SPECIES				
BREED				
COLOR				
AGE				
SEX: F/S, F, M, N				

F/S = SPAYED FEMALE F=INTACT FEMALE N=NEUTERED MALE M=INTACT MALE

To ensure the safety and well-being of pets in our facility, ALL PETS must arrive leashed or crated. We do not accept responsibility for the safety of pets arriving unleashed or uncrated.

PAYMENT POLICY

It is our policy to provide you with a written estimate of fees, for any case where in-hospital treatment or emergency care is necessary. A 50% deposit of the estimated fee is required prior to treatment. Routine/ elective procedures are payable at the time of service. A written estimate of these charges will be provided if requested. For your convenience, we accept M/C, Visa, and Discover & Care Credit.

I AGREE TO PAY FEES FOR SERVICES IN FULL AT THE TIME OF MY PET(S) DISCHARGE FROM THE HOSPITAL OR WHEN SERVICES ARE OTHERWISE TERMINATED. IN THE EVENT OF A NON-PAYMENT; I AGREE TO REIMBURSE DUMFRIES ANIMAL HOSPITAL & THE FEES OF ANY COLLECTION AGENCY (WHICH MAY BE BASED ON A PERCENTAGE AT A MAXIMUM OF 33% OF THE DEBT), ALL COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, WE INCUR IN SUCH COLLECTION EFFORTS.

NO SHOW/CANCELLATION POLICY

We require a 24hr notice of any cancellations. "No Show" appointments will require a non-refundable deposit of \$65 prior to scheduling any future doctor appointments. This deposit will be applied to the next visit's final bill.

SIGNATURE: _____

DATE: _____

NAME: _____

DRIVERS LICENSE#: _____

STATE: _____

(Driver's License ID is required for check payments)

Social Media Release

We occasionally like to capture photos of our furry friends whether they are present for an appointment, grooming, or boarding. Only happy, healthy photos of pets are used and only the pet's name will be mentioned. If at any time you wish to have your pet's photo or story removed, please alert one of our team members. Please initial below if we have permission to post a photo of your pet on our website or Social Media page.

I hereby give Dumfries Animal Hospital permission to take photographs of my pet for the purpose of promoting DAH. I release and discharge any benefit, claims, or compensation from the use of these photographs for any purpose and recognize that such photographs are the sole property of DAH. _____