

Client Registration and Medical History Form

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

Client Information

Client Name (last,first, MI) _____

Spouse or Significant Other's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Employer _____

Employer Address _____

How did you hear about us?
Individual –Someone we may thank? _____
Website _____
Yellow Pages _____
Other: _____

Communications Box
PRIMARY Phone # _____
Work Phone # _____
Spouse's Work # _____
Mobile # _____
Mobile # _____
Pager # _____
Email _____
Email _____

Patient Information

Pet's Name _____ Breed _____ Sex _____

Pet's Date of Birth _____ Color _____ Neutered or Spayed _____

Date of your pet's last vaccinations _____ Previous Veterinary Clinic _____

Would you like to have your records transferred to us? _____

Date your pet was tested for: Heartworms _____ Feline Leukemia/Feline AIDS _____ Fecal _____

Any allergies to vaccinations or medications _____

Any significant past medical history or surgery _____

Any current medications, special diets, or supplements _____

Do you have any other pets in the house? _____ No _____ Yes

(If yes, indicate species:

Breed: _____ Name: _____ Age: _____ Date of vaccination _____

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Other: Species: _____ Name: _____ Age: _____

Pet Insurance Carrier: _____

(If you don't have pet insurance and would like information, please ask a staff member)

Professional Fees Are To Be Paid At Time Services Are Rendered

Please circle your preferred method of payment: CASH CHECK AMEX MC VISA DISCOVER CARECREDIT

Signature of Owner or Owner's Agent _____ **Date** _____

HOSPITAL POLICY

Our hospital policy is to treat your pet as if it were our own by providing your pet with the highest quality veterinary care available. All pets entering the hospital for treatment, grooming or boarding must be current on all recommended vaccinations and be free of parasites. Any parasitic treatment will be done at the owner's expense.

PAYMENT POLICY

All fees must be paid in full at the time services are performed or upon discharge from the hospital. We accept cash, checks, debit card, Discover, AMEX, MasterCard, and Visa for your convenience. We also accept CareCredit. In some cases, a deposit will be required prior to the onset of treatment or surgery.

A service charge of 18% APR (\$5.00 min.) is applied to any balance over 30 days. Should it become necessary for the Jaffe Animal Clinic to collect this account through the use of an attorney, you hereby agree to pay all costs of collection, including a reasonable attorney's fee, court costs and all expenses associated therewith

PERMISSION TO TREAT

We are happy to provide written estimates prior to the onset of any surgical, treatment or boarding procedures upon the owner's request. We will also try to contact the owner or duly authorized agent for the owner in the event that additional procedures are recommended while the pet is in our care. I understand that in the event of an emergency, the staff veterinarian will use their best judgement in treatment of your pet including the use of sedatives or anesthetics. I do hereby release Jaffe Animal Clinic, its agents, employees or representatives from any and all liability while caring for my pet which may include transporting, medical or emergency treatment. Furthermore, I agree to pay fees for services that are rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. I further understand that veterinary service is provided during the nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

VACCINATION AUTHORIZATION

Vaccination against disease is a medical procedure and, like all medical procedures, carries some inherent risk. As in any medical procedure or decision, the advantages must be balanced against the risks. As is the case with any medical decision, we base the vaccines your pet needs only after considering your pet's age, lifestyle, and potential exposure to infectious diseases. In general, vaccine reactions and side effects (such as local pain and swelling) are self-limiting. Allergic reactions are less common, but if untreated can be fatal. Our office uses the safest vaccines available to reduce any risks to your pet however, you must be made aware of these potential risks.

PROOF OF OWNERSHIP

I understand that the Jaffe Animal Clinic reserves the right to look for the presence of a tattoo or microchip in any animal brought in to the clinic. Should either form of identification be found, the Jaffe Animal Clinic reserves the right to require proof of ownership from the current owner or owner's agent, or to seek out the rightful owner of said pet.

My signature below acknowledges the fact that I have read and agree to the above information:

Signature of Owner or Owner's Agent

Date

OFFICE USE ONLY:

New Client Letter _____

Referral Letter: _____

Registration Scan: _____

Copy of driver's license: _____