

# Animals Best Choice Veterinary Hospital Registration

Owners Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Spouse/Co-Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer Name \_\_\_\_\_  
 In case of Emergency, Please call \_\_\_\_\_ Phone Number \_\_\_\_\_

## Patient History. Please fill out to the best of your knowledge.

|                                      | PATIENT 1 | PATIENT 2 | PATIENT 3 |
|--------------------------------------|-----------|-----------|-----------|
| NAME                                 |           |           |           |
| BREED                                |           |           |           |
| COLOR                                |           |           |           |
| SEX                                  |           |           |           |
| NEUTERED OR SPAYED                   | YES NO    | YES NO    | YES NO    |
| DATE OF BIRTH                        |           |           |           |
| DATES VACCINATED                     |           |           |           |
| ANY KNOWN ALLERGIES?                 |           |           |           |
| ANY BEHAVIORS WE SHOULD BE AWARE OF? |           |           |           |
| PREVIOUS VETERINARIAN                |           |           |           |

### Photo Release Authorization

I give permission to Animal's Best Choice Veterinary Hospital to take photographs and/or videos of my pet for medical records, educational purposes, and/or marketing (including website and social media). I understand that no personal identifying information about me will be shared without my consent.

I consent     I do NOT consent

How did you hear about Animals Best Choice?

Facebook  Google  Yellow Pages  Nextdoor  Sign  Animalsbestchoice.net  Client: \_\_\_\_\_

### By signing below, you acknowledge your understanding of the hospital policies outlined below:"

- I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid at the time the services are rendered, and that a deposit may be required for surgical or drop-off treatment.
- If default be made in payment, for this or any future services rendered, and if such default is not made good within ten days, the entire principal sum and accrued interest at 18% per annum shall at once become due and payable without further notice. Failure to exercise this option shall not constitute a waiver of the right to exercise at a later time for the same default and if the same is placed in hands of a Collection Agency, or an Attorney at Law for collection, the undersigned agree to pay all cost of collection, including attorney's fee. Presentment, protest, and notice are hereby waived.
- We do not accept checks for first visits. We do not accept post dated checks. Checks returned for NSF or Account Closed will incur a minimum \$25.00 fee and will be criminally prosecuted. We accept **Cash, Debit, Check, and Carecredit for no additional fees, However Visa, Mastercard, Discover, American Express will incur a 3% processing fee.**
- We charge a cancellation fee of \$50.00 for any clinic appointment missed or canceled with less than 24 hours notice. We charge a cancellation fee of \$100.00 for any mobile appointment missed or canceled with less than 24 hours notice This is to allow us to utilize every appointment in an effort to treat as many patients in need as possible.
- By signing below you are authorizing a team member of Animals Best Choice to contact your previous veterinarian for detailed records. We must have detailed prior records in order to treat your pet appropriately and safely. If you provide records we reserve the right to confirm with the prior veterinarian that there are no additional records to be added.
- Any requests for medications will require a 24 hour window to be completed. In rare cases these may take longer however, we will inform you if that is the case.
- A copy of your Driver's License or State ID will be required to be maintained in your chart.

Drivers License or State ID # \_\_\_\_\_

Owner or responsible party signature \_\_\_\_\_ Date \_\_\_\_\_