**WELCOME TO ARROYO VETERINARY HOSPITAL**

**Thank you for trusting us with your pet’s health.**

**Please take a moment to tell us about you and your pet.**

**CLIENT INFORMATION**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(emails are used to send reminders and updates)

**\*\*The following information is required for your account and is strictly confidential\*\***

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?**

□Google □Facebook □Hospital Website □Yelp □Drive by □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Referral – Whom may we thank? \_\_\_\_\_\_\_\_\_\_\_\_\_

**We love showing off our adorable patients. Can we share your pet’s photo?**

 □Yes □No

**Terms of Service**

Our goal is to serve you and your pet in the best way possible (we do not offer any form of billing). This includes ensuring our medical team provides the level of care that fits within your budget. It is important that your financial commitment and responsibilities are made clear before treatment begins. In the case of an emergency, your pet will be stabilized before your medical options are presented.

Feel free to ask for an estimate of charges at any time. If your pet is admitted into the hospital, you will be asked to leave a deposit. The staff will provide you with a plan of treatment and estimated costs for all hospitalized patients. This facility is not a 24 hour care facility; any hospitalized pets will be left alone for periods of time outside our posted hours. We will be happy to transfer your pet to the nearest 24 hour facility at your request.

**PAYMENT IN FULL is required at the time services are rendered.**

**Accepted Forms of Payment**

**We accept cash, check, VISA, Mastercard, American Express, Discover, Care Credit and Scratch Pay.**

There will be a $50 charge on all returned/NSF checks.

**What will be your form of payment for services rendered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appointment Cancellation Policy**

Unfortunately, like other medical practices, we also have the occasional late arrival or no show appointments. We try to manage these apart from impacting those who do arrive on time.

**Late Arrivals**

Please be aware that our hospital has a policy that if you are more than 20 minutes late for your scheduled appointment time, you will be considered a walk-in when you arrive and will be charged a $10.00 walk-in fee. While we certainly understand that delays may happen, we feel we have an obligation and responsibility to do our very best to service clients and patients who are here for their appointments on time. We encourage you to arrive 15 minutes early, as we do have paperwork that will need to be completed.

**No-Shows**

When you schedule an appointment, and fail to show or call and notify us of your inability to keep this appointment time, it impacts our ability to service clients who may be here already waiting to see a doctor. If you fail to show or call more than 3 times, you will be prohibited from scheduling an appointment with our medical staff. We will still see your pet, but it will be on a walk-in basis only. We recognize your pet may need medical attention and we do not wish to turn your pet away, but you will be subject to any wait times and walk-in fees associated with the walk-in/urgent care service.

**1st and 2nd Missed Appointment**- Our staff will call to ensure the wellbeing of you and your pet and reschedule your exam.

**3rd Missed Appointment**: A $37.50 fee will be applied to your account and must be paid prior to your pet being seen.

**Responsible Party Authorization**

In all cases, professional fees, product purchases, all costs related to treatment, testing, and boarding are the responsibility of the client, spouse, guardian, parents or co-owner of animal(s).

I hereby authorize Arroyo Veterinary Hospital and its veterinarians to examine, prescribe medications for, and treat the above described pet. I release Arroyo Veterinary Hospital and its veterinarians from any liability related to any such care. I assume full responsibility for all charges incurred and I understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED** and agree to pay for services**.** Any unpaid accounts more than 30 days past due will incur a $5/month service charge, and any accounts more than 90 days past due will be sent to a collection agency or turned over to our attorney. The client further agrees to pay any and all collection fees incurred, as well as legal expenses, including but not limited to collection agency costs, attorney fees, all court related costs, service and filing fees, as well as any interest that may be adjudicated for the collection of past due debt on any and all accounts with Arroyo Veterinary Hospital.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**