



## WELCOME TO WARM SPRINGS ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. To ensure that your pet receives the best care possible, and so that we may become better acquainted, please fill out this form.

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Do you prefer text communication?    Yes    No

Spouse/ Co-Owner \_\_\_\_\_

Phone # \_\_\_\_\_

Do you prefer text communication?    Yes    No

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Would you like to have appointment confirmations sent to this email?    YES    NO

Do you qualify for our senior discount?    YES    NO

Do you qualify for our Military discount?    YES    NO

Do you have Insurance for your pet(s)?    YES    NO

If yes, did you bring a claim form?    YES    NO

How did you hear about us? \_\_\_\_\_

Prior Veterinarian/Hospital? \_\_\_\_\_

### PLEASE READ – PAYMENT POLICY

**FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES.** We accept Cash, Debit, Visa, MasterCard, Discover, Amex, and Care Credit. Deposits may be required on major medical/surgical cases and any emergency treatment, especially when hospitalization is required. We have a **NO BILLING** policy. Only in extenuating circumstances will billing be considered which requires approval from a member of management. Any outstanding balance carried for thirty (30) days or more is subject to a minimum monthly finance charge at least \$5.00. Any account with a ninety (90) day past due balance is subject to collection by an outside collection agency – all fees will apply.

Signature \_\_\_\_\_

**TELL US ABOUT YOUR PET(S)!**

Name of Pet \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_

Circle one: Dog or Cat or \*Other \_\_\_\_\_

Female-Spayed? \_\_\_\_\_ or Male-Neutered? \_\_\_\_\_

Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

Date of Last Vaccinations: \_\_\_\_\_

Did you bring your records today? \_\_\_\_\_ If no, please provide a name and/or phone number of the clinic so we can update your records \_\_\_\_\_

Name of Pet \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_

Circle one: Dog or Cat or \*Other \_\_\_\_\_

Female-Spayed? \_\_\_\_\_ or Male-Neutered? \_\_\_\_\_

Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

Date of Last Vaccinations: \_\_\_\_\_

Did you bring your records today? \_\_\_\_\_ If no, please provide a name and/or phone number of the clinic so we can update your records \_\_\_\_\_

If you have more pets in the household, please let the front desk know so we can add them in for you!

**PHOTO RELEASE**

**Subject:** Social Media

I grant to Warm Springs Animal Hospital, its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above identified subject. I authorize Warm Springs Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Warm Springs Animal Hospital may use such photographs of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_