



Welcome to our veterinary clinic & thank you for giving us the opportunity to care for your pet. We look forward to working with you in maintaining your pet's health. We ask you to **COMPLETELY** fill in the following as we would love to become better acquainted with you & your pet. **PLEASE PRINT CLEARLY.**

Primary Owner Information

(Person to be contacted **FIRST**)

First & Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Township OR Village: _____

DOB (Month/Date/Year): _____ FULL SS# _____

Drivers License # & State of Issue: _____

Primary Phone # _____ Secondary Phone # _____

Circle: Primary: HOME CELL Secondary: HOME CELL

Email: _____

Employer: _____ Position: _____

Work Phone # _____

Co-Owner: _____ Phone Number: _____ Circle: H C

Is there anyone else who is authorized to make medical decisions for your pet? Y__ N__

Name _____ Phone _____ Circle: H C

Pet Information

Name: _____ Circle: Canine Feline Primary Breed: _____

Color: _____ DOB (or best guess on age): _____

Circle: Male Female Spayed/Neutered? Yes No

Any previous serious illnesses or surgeries? _____

Is your pet allergic to anything? _____

Is your pet currently on any medications? _____

Reason for visit? _____

Name: _____ Circle: Canine Feline Primary Breed: _____

Color: _____ DOB (or best guess on age): _____

Circle: Male Female Spayed/Neutered? Yes No

Any previous serious illnesses or surgeries? _____

Is your pet allergic to anything? _____

Is your pet currently on any medications? _____

Reason for visit? _____

Name: _____ Circle: Canine Feline Primary Breed: _____

Color: _____ DOB (or best guess on age): _____

Circle: Male Female Spayed/Neutered? Yes No

Any previous serious illnesses or surgeries? _____

Is your pet allergic to anything? _____

Is your pet currently on any medications? _____

Reason for visit? _____

How did you hear about us? _____

Previous veterinarian? _____ City & State _____ Tel _____

****If you have a previous veterinarian that you have seen you MUST contact their office to have your records forwarded to us BEFORE your scheduled appointment. If we do not have previous records, you may be asked to reschedule your appointment and/or your pet may need to be revaccinated if you cannot provide proper proof. Records may be be faxed to 269-686-8718 or emailed to alleganaimalclinic@gmail.com****

Allegan Animal Clinic Policies

We regularly review our policies to ensure they are in line with relevant veterinary boards and pet-related laws in our area. Please take a moment to review the following terms, disclosures and consents.

Client Consent

I am the owner, or representative of the owner, over the age of 18, of the animal(s) presented and have authority to execute this consent. I authorize and direct the veterinarians at Allegan Animal Clinic to administer authorized treatment as needed on the basis of findings during the course of evaluation: to diagnose, prescribe, and perform therapeutic procedures as their judgment may dictate to be advisable for the patient's well-being. I understand I will be advised as to the nature of the procedures and risks involved. I understand that no warranty or guarantee will be made as to the results or cure. _____ Client Initials

Payment Terms, Agreements, & Discounts

I UNDERSTAND THAT I ASSUME RESPONSIBILITY FOR THE BALANCE OF ALL FEES FOR SERVICES AND PRODUCTS AT TIME SERVICES ARE RENDERED OR PATIENT IS DISCHARGED. (No postdated checks or "courtesy holds" on checks will be accepted.) Accepted forms of payment are Cash, Check, Visa, MasterCard, Discover, American Express, as well as CareCredit & ScratchPay. There is an additional \$35 service charge for a check that gets returned to us due to insufficient funds. I agree to reimburse Allegan Animal Clinic the fees of any collection agency, which may be based on percentage at a maximum of 30% of the debit, all cost, and expenses, including reasonable attorney's fees, which incur in such collection efforts. _____ Client Initials

Upon New Client Registration a current driver's license and a social security number are required to accept any forms of payment. If you choose not to provide this information to Allegan Animal Clinic for billing purposes, you will not be taken on as a client. There are no exceptions to this policy. _____ Client Initials

Allegan Animal Clinic will try to contact me if emergency treatment is required. I will be responsible for expenses incurred in an emergency when I cannot be reached or there is no time to contact me. I will be fully responsible for monitoring the ongoing expenses and will be fully responsible for all expenses incurred through the animal's diagnosis and treatment. _____ Client Initials

Advanced medical services, including surgeries, dental procedures, and sedations, require a \$50 deposit when scheduling the appointment that will come off the total bill when service is performed. In the event you need to reschedule, we require a notice of 2 business days in order to retain your deposit. Anything under that time frame will result in a forfeiture of your deposit and a new one will be required to reschedule. _____ Client Initials

Allegan Animal Clinic would like to thank the active, veteran, retired, and reservist members of our brave US Armed Forces for their service to our country by offering a 10% discount. Are you currently serving or have you served in the Armed Forces? Y N

Allegan Animal Clinic knows that as our clients age, budgets can get tighter. We understand that when you're a senior, your money matters. We proudly offer a 10% discount to all clients 65 years of age and above. Do you qualify for this discount? Y N

"No Shows", Cancellations & Pet Abandonment

Clients must contact Allegan Animal Clinic by 3:00 pm on the day prior to scheduled appointments to notify us of any changes or cancellations (Monday appointments by 3:00 pm on Friday). If clients are more than 15 minutes late to a scheduled appointment, they will be seen as a work in (between other standing appointments) if the time allows, otherwise you will be asked to reschedule.. This policy will also apply to established clients who have a history of failing to keep scheduled appointments. After 3 "No Call – No Shows", an exam prepayment of \$40 will be required to schedule future appointments and will be applied to that client's next appointment balance. _____ Client Initials

It is the client's responsibility to notify Allegan Animal Clinic if they are unable to pick up their pets on the agreed-upon date. If there is no contact within 5 days after the agreed-upon date, pet(s) will be considered abandoned and appropriate action will be taken. _____ Client Initials

Written Prescription Policy

It is our practice policy to provide written prescriptions to our clients at their request. We do not charge a fee for writing prescriptions for patients. Be advised, if you lose a written prescription, there will be a \$25 charge to rewrite and replace. Lost prescriptions for controlled substances will not be replaced under any circumstances until the appropriate due date. We will provide a written prescription on request, provided we have recently examined your pet and the particular medication or product is appropriate. The time frame of "recent examination" is at the doctor's discretion but will never exceed a maximum of one year from your pet's last annual wellness examination. The written prescription will be provided directly to you. Given that a review of your pet's history and prescriptions is required, for any prescription, we require 48 hours notice. Please keep in mind that we will not be mailing or faxing these prescriptions and they will only be given to the account holder or authorized person, so make sure your account information is correct and up to date with all authorized people listed. _____ Client Initials

Patient Records

With client authorization, vaccination information will be released in print and/or electronically to other veterinary hospitals, boarding facilities, and groomers.

_____ I do not consent to Allegan Animal Clinic sharing records.

_____ I give Allegan Animal Clinic permission to share records.

Photography Release

With permission, Allegan Animal Clinic may use client's pet's photo and first name in marketing materials, which may include but are not limited to, social media accounts like Facebook and Instagram, in-hospital signage and other forms of advertising.

_____ I do not give Allegan Animal Clinic permission to use images of my pet.

_____ I give Allegan Animal Clinic authorization to use images of my pet.

Client Code of Conduct

We know that visiting any veterinary practice can be a stressful event. It is our commitment to provide compassionate and high-quality care to pets and their owners. This requires clients and veterinary staff to work together with mutual trust and respect. Occasionally, our staff has been subjected to disrespectful behavior. We would like to define our expectations for you more clearly, as we all work together to provide the BEST care for your animals. Aggressive behavior will not be tolerated by this practice. If you are found to be exhibiting any of the following behaviors in our building, over the phone, or electronically, it may be grounds for terminating our professional relationship with you permanently:

Yelling/Screaming – Profanity/Name-calling - Demanding/Entitled Behavior - Disparaging Comments - Threats/Acts of Violence

I acknowledge and agree to abide by the Code of Conduct. _____ **Client Initials**

Right of Refusal

I understand Allegan Animal Clinic reserves the right to refuse any requested services, including euthanasia if the veterinarians (and/or staff) deem it medically unnecessary.

I have read all terms and agree to all conditions described.

Signature of Owner: _____ **Date:** _____

Clinic Use Only: PPWK Recieved by _____ on _____

Account Created by _____ on _____

Appointment made for _____ made by _____ on _____

PPWK Scanned and saved to chart by _____ on _____