



WELCOME TO VCA 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 (*Primary owner) _____ Phone # _____

*The Primary owner is the main person for contact.

Spouse/ Co-Owner _____ Phone # _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Email address(es) _____

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

Would you like to have appointment confirmations by text? YES NO

Do you qualify for our Military discount (must provide proof of military status)?

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 of 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)!

1. Name of Pet _____ Age/Date of Birth _____

Circle one: Dog or Cat 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 _____

Does your pet have any insurance? YES NO Company name: _____

2. Name of Pet _____ Age/Date of Birth _____

Circle one: Dog or Cat 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!

Does your pet have any insurance? YES NO Company name: _____

Microchip Release: I authorize VCA Warm Springs Animal Hospital to scan my pet for a microchip and call the microchip company with the pet's number to verify the status of ownership.

Signature _____

Printed Name _____

PHOTO RELEASE

Subject: Social Media

I grant to VCA 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 VCA Warm Springs Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that VCA Warm Springs Animal Hospital may use such photographs of me or my pet 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 _____