New Client Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Information

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: | Species: | Breed: | Color: |
|  | 🞎Male 🞎Female | Fixed: 🞎Yes 🞎No | Weight: |
| Patient Name: | Species: | Breed: | Color: |
|  | 🞎Male 🞎Female | Fixed: 🞎Yes 🞎No | Weight: |

Please initial and sign the following stating you have read and agreed to all terms for services:

*\_\_\_\_\_ I understand that all animals admitted to MSPC must be current on vaccinations and free ofl parasites. I understand that any animal found not to be current on vaccines will be vaccinated at owner’s expense. I understand that any animal found to have fleas and or ticks will be treated at owner’s expense.*

*\_\_\_\_\_ I grant to MSPC, its representatives and employees, the right to take photographs of me and my pet. I authorize MSPC, its assigns and transferees to copyright, use and publish the photos in print and or electronically. I agree that MSPC may use such photographs of me and 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 understand all services performed at and by MSPC will be paid in full at time of service. I agree and allow MSPC to assist me in the application and or potential acquisition of CareCredit for payment of said services understanding that CareCredit eligibility may not be available to me. I understand that services performed by MSPC left unpaid will be remitted to a receivables solutions entity as a collections solution.*

*\_\_\_\_\_ I understand Daycare pets will be supervised by MSPC staff during operation hours and transitioned between monitored groups and rest periods. Dogs are to be outside for reasonable periods and exposed to elements safe for breed standards. I understand and agree that my dog may not be returned in the same visual condition as dropped off. I understand that my dog will be with other dogs, indoors and outdoors, exposing my dog to potential hazards that may be unforeseen; MSPC will best minimize and will not be held liable for costs of treatment, damages, injuries, accidents, pregnancies or death if event should transpire. I formally state that my dog is in knowingly good condition, contagions, aggressive behavior and is spayed or neutered. I give permission for MSPC to observe my dog for any risk and act within safety protocol as to diminish health dangers. This includes but is not limited to discontinuing daycare, permanent dismal from daycare, separate housing, vetting at owners expense and or quarantine. Owners will be notified immediately if actions or behaviors are witnessed that may or may not result in above said actions.*

*MSPC will exercise reasonable care to keep the premises sanitary and maintained. Your pet is to be fed, watered, walked properly and promptly, and to be housed in clean quarters at temperatures suitable to the species. All pets are handled and cared for by MSPC staff without liability on our part from disease, death, running away, fire, theft, injuries to persons, other dogs, property to or of said pet, or otherwise unavoidable causes. If animal becomes seriously ill or injured, the owner will be notified if possible. I authorize MSPC to refer my pet to the designated veterinarian for care in such circumstances as MSPC deems fit. In case no veterinarian has been designated, I agree that MSPC shall provide veterinary services at their discretion and such expense shall be promptly paid by owner, individual responsible for care of animal and or signing agent. Serious emergencies will result in basic resuscitation and general maintenance of the pets’ well-being; further action will be determined by owner. All charges are payable at the time pet is released. If the pet is not called for within 7 days after scheduled pick up date, MSPC may and shall consider the pet abandoned. MSPC will assume ownership of the pet and may dispose of the pet at their discretion. Said owner is responsible for all charges up to the date of new ownership. Any disputes will be adjudicated in Jasper County, Missouri. All charges are to be paid in Jasper County, Missouri. This contract is valid and binding henceforth only retracted by the signed agreement of both undersigned parties.*

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Signature of Owner/ Agent Date

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Reviewed By (MSPC Staff) Date