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| --- | --- |
| **Square Logo**Animal Information: Canine | |
| Pet’s Name: | Date of Birth or age:  If you are unsure, please approximate. |
| Breed: | Color (s): |
| Gender | |
| **Male:**  Neutered: Yes  No | **Female:**  Spayed: Yes  No |
| Has your pet been vaccinated or seen for a medical problem at another clinic?  Yes  No | If yes please list clinic name and city: |

**Payment Policy**

Payment must be made in full for all services at the time services are provided or before the animal is released from the hospital. Payment options accepted include **cash, Visa, MasterCard, Discover, and American Express.** A written estimate may be requested by the client prior to any services being provided. Giving consent for a service to be provided constitutes an agreement to pay for that service before the pet is released from the hospital. **This clinic is not a lending institution and does not provide billing!**  By signing this form I certify I am 18 years of age, and indicate that I have read, understand and agree to these terms.

**Vaccination and Medical Care Authorization**

Vaccination against disease is a medical procedure and, like all medical procedures, carries some inherent risk. As in any medical procedure or decision, the advantages must be balanced against the risks. As is the case with any medical decision, we base the vaccines your pet needs only after considering your pet's age, lifestyle, and potential exposure to infectious diseases. Allergic reactions are possible, and serious if left untreated. Our office uses the safest vaccines available to reduce any risks to your pet however; you must be made aware of these potential risks.

I hereby authorize Animal and Exotic Wellness Center to prescribe for, treat and/or perform medical procedures upon the pet listed on this form. By my signature I personally guarantee payment made for services and items rendered for treatment of the pet listed on this form and represent that I am authorized to agree to all terms and conditions in this agreement on behalf of myself and any other person(s) who do or may claim an interest on behalf of the pet listed on this form as treated by Animal and Exotic Wellness Center. I understand I can request an estimate of all charges before any procedure is performed on my pet.

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

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best number to reach you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # is a Cell

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ We no longer mail out reminders for your pet. Please provide your email address so we can remind you of procedures and treatments that are important for your pet’s continued health.