



GRACE
Animal Hospital

New Client Registration

**Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:**

First Name: _____ Last Name: _____

Mailing Street address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Employer/Occupation: _____

Preferred Contact Method (Check one):

Cell Phone Home Phone Work Phone Email

Spouse Name: _____

Spouse Cell Phone: _____ Spouse Work Phone: _____

Spouse Employer/Occupation: _____

How did you hear about us?

Individual – Someone we may thank? _____

Website Yellow Pages Other: _____

Professional Fees Are To Be Paid At Time Services Are Rendered

Please check your preferred method of payment:

Cash Check Amex MC Visa Discover CareCredit

Pet Insurance Carrier: _____

(If you don't have pet insurance and would like information, please go to www.gracevet.com and click on Pet Insurance under the resources tab)

Signature of Owner or Owners Agent

Date



HOSPITAL POLICY

Our hospital policy is to treat your pet as if it were our own by providing your pet with the highest quality veterinary care available. All pets entering the hospital for treatment must be current on all recommended vaccinations and be free of parasites. Any parasitic treatment will be done at the owner's expense.

PAYMENT POLICY

All fees must be paid in full at the time services are performed or upon discharge from the hospital. We accept cash, checks, debit card, Discover, AMEX, MasterCard, and Visa for your convenience. We also accept CareCredit.

In some cases, a deposit will be required prior to the onset of treatment or surgery. A monthly service charge of 1.5% (\$3.00 min.) is applied to any balance over 30 days. Should it become necessary for Grace Animal Hospital to collect this account through the use of an attorney, you hereby agree to pay all costs of collection, including a reasonable attorney's fee, court costs and all expenses associated therewith.

PERMISSION TO TREAT

We are happy to provide written estimates prior to the onset of any surgical, treatment or hospital procedures upon the owner's request. We will also try to contact the owner or duly authorized agent for the owner in the event that additional procedures are recommended while the pet is in our care. I understand that in the event of an emergency, the staff veterinarian will use their best judgement in treatment of your pet including the use of sedatives or anesthetics. I do hereby release Grace Animal Hospital, its agents, employees or representatives from any and all liability while caring for my pet which may include transporting, medical or emergency treatment. Furthermore, I agree to pay fees for services that are rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. I further understand that veterinary service is provided during the nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

VACCINATION 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. In general, vaccine reactions and side effects (such as local pain and swelling) are self-limiting. Allergic reactions are less common, but if untreated can be fatal. Our office uses the safest vaccines available to reduce any risks to your pet however, you must be made aware of these potential risks.

MEDIA RELEASE

I grant Grace Animal Hospital, its representatives and employees the right to take photographs of my pet, and to copyright, use and publish the same in print and/or electronically. Grace Animal Hospital may use such photographs with our without my pet's name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web Content.

PROOF OF OWNERSHIP

I understand that the Grace Animal Hospital reserves the right to look for the presence of a tattoo or microchip in any animal brought in to the clinic. Should either form of identification be found, Grace Animal Hospital reserves the right to require proof of ownership from the current owner or owner's agent, or to seek out the rightful owner of said pet.

My signature below acknowledges the fact that I have read and agree to the above information:

Signature of Owner or Owner's Agent

Date

