



Client Code: _____

Welcome to Aurora Animal Hospital!

Thank you for giving us the opportunity to care for your pet(s). To help us better understand you and your pets' needs, please complete this form and return it to a customer service representative.

CLIENT INFORMATION

Primary Client: First Name: _____ Middle Initial: _____ Last Name: _____

Driver's License (State & Number): _____ Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Please indicate your primary contact (circle one): CELL HOME WORK EMAIL

Mailing Address: _____

Physical Address (if different): _____
City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Employer: _____

Secondary Client (Spouse/Co-Owner): First _____ Last _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

How did you hear of our practice? _____

PATIENT INFORMATION

Pet Name	Species	Age/D.O.B	Breed	Color	Male/Female	Spayed or Neutered

Name of previous Veterinary office? _____

May we contact them to get your pets' previous history? _____

DUE TO STATE LAW REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION.

Do you have verification of your pet's previous Rabies vaccination? Yes No

Prior Surgery: _____

Prior Illness: _____

By signing below, you acknowledge that you are the owner of the pet(s) listed within this form and you are responsible for all fees assessed during your pet(s) visit will be paid for at the time of service.

Signature: _____

Date: _____

PLEASE REVIEW AND SIGN OUR POLICY and CONDUCT PAGE ON THE BACK



Aurora Animal Hospital

Policy and Conduct Page

Please review the following policies, then sign and date the bottom of this sheet.

- I. **Payments– Full payment is due at the time of service.** We accept Cash, Check, Visa, Mastercard, Discover, Scratch Pay and Care Credit.
- II. **New Client Deposit** – New clients are required to make a deposit (equal to one exam fee per animal) to secure their appointment. This will be applied to your account; please note that this deposit is forfeit if you cancel with less than 2 hours' notice or fail to show up for your appointment.
- III. **No Show/Late Policy** – Appointments are considered as a “No Show” if they are more than 15 minutes late, or if the appointment is cancelled less than **2 hours** prior to the appointment start time. If a client has **2** “No Show” appointments in a 6-month period, the client will be required to pre-pay a deposit to schedule the next appointment. Clients that are more than 15 minutes late will be rescheduled.
- IV. **Late Patient Pick-up Charge** – Aurora Animal Hospital closes at 6pm. If you arrive after 6pm to pick up your patient (unless otherwise scheduled specifically with your veterinarian) you will be charged \$15 for every 15-minute increment after 6pm.
- V. **Rabies Requirement** – all patients are required to be up to date on Rabies vaccinations, and owners are responsible for providing proof of Rabies if the vaccine was not given here at Aurora Animal Hospital. Rabies vaccines are required by law, but also keep your pet and our staff safe in the event of an animal bite.
- VI. **Exam Requirements** –
 - a. New patients are required to have an exam with one of our veterinarians prior to scheduling Technician Appointments, Surgeries/Sedated Procedures, or Dental Procedures.
 - b. Patients are required to have an Exam with a Veterinarian at least once per year to continue receiving any long-term prescription medications.
 - c. Patients are required to have an Exam with a Veterinarian at least every 3 years to continue receiving vaccinations, anal gland expressions, nail trims, etc,
- VII. **Prescription Refills** – We require a minimum of 24 hours' notice to process any refill requests, whether the medication is filled in house, or is written to an outside pharmacy.
- VIII. **Patient Transfers** – In order to transfer patients to or from any account, permission must be granted by the **primary** client on the account prior to the patient chart being transferred.
- IX. **Client Conduct** – We expect all clients and their guests to treat our staff, veterinarians and fellow clients with courtesy and respect. The following behaviors **will not** be tolerated and may result in a request to leave the premises or even termination of the client-hospital relationship.
 - Verbal abuse, including shouting, name-calling, or offensive language.
 - Threatening or intimidating actions or language.
 - Disruptive behavior that may interfere with other pets' care.
 - Discrimination or harassment of any kind.

We are committed to maintaining a respectful and professional environment for our staff, clients, and patients. Please help us achieve this goal by understanding and adhering to these above-named policies.

By signing below, you agree you have received, reviewed and understand these policies as they are written.

Signature: _____

Date: _____