



Welcome to Aurora Animal Hospital!

CLIENT INFORMATION

Primary Client:

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

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

Cell Phone: _____ **Alternate Phone:** _____

Employer: _____ **Work Phone:** _____

Please indicate your primary contact (circle one): **CELL (call or text)** **HOME** **WORK** **EMAIL**

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Secondary Client (Spouse/Co-Owner):

First Name: _____ **Last Name:** _____

Cell Phone: _____ **Alternate Phone:** _____ **Work Phone:** _____

Emergency Contact Name: _____ **Phone:** _____

PATIENT INFORMATION

Patient 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? (please circle): YES NO

Prior Surgery OR On-going Illnesses: _____

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

By signing below, you acknowledge that: you are at least 18 years of age; you are the legal owner of the pet(s) listed on this form, and you are responsible for all fees assessed during your pet(s) visit; you understand all fees assessed during your pet(s) visit are

DUE TO BE PAID 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, initial where indicated, 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.
INITIALS
- 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 forfeited if you cancel with less than **4 hours’** notice or fail to show up for your appointment.
- III. **No Show/Late Policy** – Appointments are considered as a “No Show” and will be charged for the appointment if they are more than 15 minutes late, or if the appointment is cancelled less than **4 hours** prior to the appointment start time. Clients that are more than 15 minutes late may need to be rescheduled.
INITIALS
- IV. **Late Patient Pick-up Charge** – Aurora Animal Hospital closes at 6pm on Wednesdays and Fridays. If you arrive after 6pm to pick up your patient (unless otherwise scheduled specifically with your veterinarian), you will be charged \$15.25 for every 15-minute increment after 6pm.
INITIALS
- V. **Prescription Refill Requirements** – 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.
INITIALS
- VI. **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.
INITIALS
- VII. **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 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,
INITIALS
- 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 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.
 - **INITIALS**

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 understood these policies as they are written.

Signature: _____

Date: _____