Governor Animal Clinic

Please print clearly and fill out form completely. All information will be confidential.

Preferred Contact:	Spouse/Partner's Name:
DOB:	DOB:
Drivers License:	Drivers License:
Employer/Occupation:	Employer/Occupation:

Date of birth is required by DEA for dispensing of controlled drugs

Preferred Email:	Email:
Preferred Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:

You will receive text/email appointment reminders to the <u>preferred contact</u> number/email

Home Address:	Unit/Apt:
City, State, Zip:	
Children's Names:	
Alternate Contact(s):	

<u>Alternate Contacts</u> are people who will be on your account who have the ability to make medical decisions for your pet when you are absent

How did you hear about us? _____

Pet Information Continued On Back

Please list all dogs/cats at home

Pet's Name	Cat/Dog	Date of Birth	M/F	Altered	Breed	Previous Clinic Name

Have any of your pets shown signs of aggression or fear? Please list their names:

_____

Please Read and Initial Each Line below:

_____ **Appointment Cancellations:**

Appointment cancellations must be made at least **24 hours in advance**. Cancellations made with less than 24 hours' notice, or missed appointments (no-shows), will incur a $50 cancellation fee.

_____ **Payment Policy:**

All fees are due at the time of service rendered. Written estimates will be provided upon request. We accept cash, personal checks, and major credit cards. There will be a $25.00 service charge for any returned checks. We do accept Care Credit; feel free to ask for a pamphlet with information.

_____ **Delinquent Accounts:**

Should this account become delinquent, I understand that I am responsible for any and all legal fees, court costs and collection charges involved as a result of any collection activity.

_____ **Medical Records Release:**

I give consent for Governor Animal Clinic to release my pet's medical records when requested by another veterinary hospital, emergency clinic, pet insurance company, or other authorized party.

_____ **Arrival Time:**

We appreciate you arriving on time for your appointment. If you arrive more than 15 minutes late, we may need to reschedule your appointment.

_____ **Social Media Permission:**

Governor Animal Clinic loves sharing photos of our patients! May we post photos of your pet on our social media pages? **YES** ☐ **NO** ☐