



Client and Pet Information Sheet

(All areas marked with asterisks (*) are required information.)

*Owner's Name: _____
*Address: _____ (Street)
_____ (City, State, Zip)
*Telephone #: _____ CELLULAR/RESIDENCE (Circle One)
*Email Address: _____
*Driver's License #: _____ *State: _____
Place of Employment: _____ Telephone #: _____
May we contact you at work: YES/NO (Circle One)
Spouse/Partner's Name: _____
Spouse/Partner's Telephone #: _____ CELLULAR/RESIDENCE (Circle One)
Spouse/Partner's Employer: _____ Work Phone: _____
Other Authorized Account Users If Applicable: _____

***How did you hear about our clinic?** (Example: Friend (name); ValPak, Google, Yelp, Facebook; Former Client; Etc.)

Academy Pet Hospital Terms and Conditions

Payment Policy: Payment is required upon the rendering of services. Deposits may be required on major medical, surgical, trauma or emergency cases where hospitalization is required.

I understand that an estimate of the costs for veterinary services can be provided to me and that I am encouraged to discuss all fees for such care before services are rendered. I assume financial responsibility for the full balance of all services rendered at the time before the discharge of the pet. Any unpaid balance remaining after 90 days will be sent to collections for further action. All collection related fees will be the responsibility of the client. Checks returned for any reason will be assessed a returned check fee and will be sent to collections/District Attorney for further collection attempts. Any collection related fees will be the responsibility of the client.

We accept the following forms of payment:

MasterCard Visa Discover Cash Check Scratchpay – (5% Processing Fee)
Care Credit (for 6 month no interest you must purchase a minimum of \$200) – (5% Processing Fee)

Exam Policy: A physical exam is required for every patient visit (Note: Exams are associated with a fee, ask an APH employee if any questions arise). Our qualified Veterinary professionals are trained to be observers and multi-taskers. You may not even notice everything that is being evaluated during the physical exam. The technician and veterinarian will be asking you questions and discussing with you, diagnostics for future treatment. This is our most valuable service. We examine your pet completely. Every system is reviewed; ears, eyes, mouth, abdomen, musculoskeletal, heart, lungs and neurological. Physical exams can detect disease in its earliest stages - when it is most treatable. Today, most aspects of veterinary medicine are geared toward preventative care. It is our goal to provide pets with the longest and highest quality of life possible. Estimates are given as an optional agreement towards diagnostics & treatments, an exam fee is still associated if no treatment is followed.

Coupon/Discount Policy: Original coupon must be present and surrendered at time of check-out. One coupon per person per visit. Coupons cannot be combined, applied to past purchases, combined with other offers, or used as payment on financing. Customer pays all applicable taxes. Represents no actual cash value. Special order charges may apply. We reserve the right to suspend redemption of any coupon. Some restrictions apply. See Academy Pet Hospital for details. You must bring in coupon to qualify or show digital offer that states Discount/Coupon from Academy Pet Hospital. We are an independent Veterinary Practice we are not associated with any other Animal Clinics.

Academy Pet Hospital Terms and Conditions (Continued Page 2 of 2)

Vaccination/Parasite Policy: To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of internal and external parasites.

I authorize "Academy Pet Hospital" to provide vaccines and parasite control when needed.

Appointment Cancellation & No-Show Policy:

Academy Pet Hospital is committed to providing all of our patients with exceptional care. Due to high demand for appointments, when a client cancels without giving advanced notice, they prevent another patient from being seen.

For this reason, Academy Pet Hospital maintains a cancellation Policy and as of October 1st, 2018 it will be strictly enforced. No shows inconvenience those who need medical care in a timely matter.

All APPOINTMENTS MUST BE CANCELLED AT LEAST 3 HRS IN ADVANCE OR BY NOON SATURDAY FOR MORNING APPOINTMENTS ON MONDAY. Please call (505.822.0255)

A NO SHOW/NO CALL appointment will automatically receive a \$25 charge.

Missed Surgical Procedures will result in a non-refundable \$75 cancellation fee (Must be canceled by end of previous business day).

Social Media Release: I grant permission to Academy Pet Hospital, its employees and authorized representatives to take photographs/videos of my pet(s), to copyright. Use and publish on our social media platforms.

We apologize for any inconvenience the above policies may cause you.

Thank You and we appreciate your understanding.

Pet Information:

*Pet's Name: _____ * Pet's Age: ___ * Birthdate: _____

*Canine/Feline (Circle One) *Breed: _____ *Color: _____

Male/Female (Circle One) Neutered/Spayed (Circle One)

Pet's Name: _____ Pet's Age: ___ Birthdate: _____

Canine/Feline (Circle One) Breed: _____ Color: _____

Male/Female (Circle One) Neutered/Spayed (Circle One)

Pet's Name: _____ Pet's Age: ___ Birthdate: _____

Canine/Feline (Circle One) Breed: _____ Color: _____

Male/Female (Circle One) Neutered/Spayed (Circle One)

Pet's Name: _____ Pet's Age: ___ Birthdate: _____

Canine/Feline (Circle One) Breed: _____ Color: _____

Male/Female (Circle One) Neutered/Spayed (Circle One)

By signing and dating below you agree to the terms and conditions listed above.

***Signature of Authorized Representative:**

*Signature

*Date