

St. Charles Veterinary Hospital

Terri Parrott DVM ~ Devon Duffy DVM ~ Jamie Nenezian DVM ~ Christine Solis DVM

Registration Form

Client / Owner Information

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City/State/Zip: _____
Email Address: _____ Employer: _____

How did you hear about us? _____ Newspaper _____ Internet _____ Friend _____ Other _____

Can we thank anyone for your visit today? _____

How will you be paying today? _____ Visa _____ MasterCard _____ Discover _____ AMEX _____ Cash _____ Care Credit*
(NO personal checks are accepted)

Patient(s) Information

Patient Name: _____ D/O/B (Age): _____
Breed: _____ Color: _____
Sex: (Circle One) MALE NEUTERED MALE FEMALE SPAYED FEMALE

Patient Name: _____ D/O/B (Age): _____
Breed: _____ Color: _____
Sex: (Circle One) MALE NEUTERED MALE FEMALE SPAYED FEMALE

Our entire healthcare team is committed to providing personal attention to the unique concerns of each individual pet owner. We are proud to be one of the 15% of AAHA-accredited hospitals in the United States and Canada. Our hospital has been evaluated on almost 900+ rigorous veterinary standards of excellence that cover patient care, pain management, anesthesia, surgery and more that are crucial to the delivery of high-quality veterinary care. Our goal is the practice the highest quality medicine and surgery with compassion and emphasis on client education. Our services and facilities are designed to assist in routine preventive care for young, healthy pets; early detection and treatment of disease as your pet ages; and complete medical surgical care as necessary during his/her lifetime.

BY SIGNING, I (owner) agree to pay via for all services rendered by; Visa, MasterCard, Discover, American Express, Debit, Cash or CareCredit.

ABSOLUTLY NO Personal Checks will be accepted.

I agree to pay for any charges incurred for my pet while in the care of veterinary staff of St. Charles Veterinary Hospital.

I, (owner) also understand the importance of having my pet current on his/her vaccinations, both for my pet's protection and the protection of the hospital's staff. I will provide current vaccination records or bring him/her up-to-date at the advice of your veterinarian(s), as well as complying with Florida State Laws.

By signing this form I agree to release my pet's records upon my verbal request.

By signing this form, I hereby grant St. Charles Veterinary Hospital permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

Client Signature

Date



Appointment Policy

We welcome all our clients at any time during office hours. We do our best to see patients at their scheduled time, however, please understand that unforeseen circumstance may cause a delay. Walk-ins are accepted; however, clients with scheduled appointments will be seen at their appointment time, which may result in walk in clients having to wait for extended periods of time, and will be charged a \$20 fee at the doctors' discretion.

Additional Pet Policy

We are always happy to see all the pets in your household. If you would like to bring in multiple pets at the same time, we ask that you schedule each of them their own appointment. If you feel that you would like to have an additional pet seen that was not part of the original appointment it will be treated as a work in, and like a work in, you may be subject to an additional wait time while scheduled appointments are seen first. There will also be a \$20 fee at the doctors' discretion.

Late Arrival Policy

If you are going to be late for your appointment we ask that you call us to let us know. This way we are able to adjust the schedule in a timely manner. If you are more than 15 minutes late, you will be considered to have missed your appointment. We will still be happy to see you and your pet, but you will be considered a work in appointment and may be subject to an extended waiting time.

Appointment No Shows

Due to a recent increase in the amount of no show appointments, we have been forced to adopt a new policy in regards to those that do not show up for their scheduled appointments. We ask that you give us a call as soon as possible to cancel and reschedule the appointment. This way we are able to open the schedule for other patients to be seen. If you do not show up for a scheduled appointment (and do not alert us before the time of the appointment) more than three times we will be unable to see you as a scheduled client. We will still be happy to see you as a walk in client which may be subject to longer wait periods.

Cancellation Policy

We ask that you alert us as soon as you are aware that you are unable to attend an appointment. Since we have seen an increase in last minute cancellations, we have adopted this new policy. If you cancel your appointment less than 24 hours before the scheduled appointment time you may be subject to a \$20 fee, at the doctors' discretion. We ask for at least 72 hours (3 days) notice when cancelling a surgical appointment. Failure to cancel your surgical appointment at least 72 hours before the scheduled date will result in a forfeiture of all deposits and/or 20\$ cancellation fee.

Payment Policy

As long as your pet is stable, you will be presented with a treatment plan outlining the costs of the services that are recommended by the doctor. From this treatment plan we will help you to determine the best course of treatment that fits within your budget. You will be asked to leave a deposit before dropping your pet off for treatments or hospitalization; this will be no less than 50% of your treatment plan.

Payment in full is required at the time services are rendered.

We are sorry for any inconveniences that these policies may create. We have done this in an attempt to reduce the waiting time of those that arrive on time and as scheduled.

Of course, any patient needing urgent care will be seen immediately.

Please sign below that you have read and understand all of the above conditions

Owner/ Client Signature

Date

Feline Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: _____

Name of Cat: _____ Breed: _____

Date of Birth: _____ Male Female Spayed/Neutered

Date of last preventive care visit: _____

1. How many cats live in your home? _____
2. How many dogs? _____
3. Other pets in the household include: _____

Travel and outdoors

4. How much time does your cat spend outside every day? _____ hours
5. Do you take your cat to any of the following (check all that apply):
 - Organized events or competitions
 - Day care
 - Boarding or grooming facilities
 - Other activities with other cats? (specify) _____
6. Do you travel with your cat? Yes No To where? _____
7. Do you take your cat on any outdoor activities? Yes No

Home environment and home care

8. Do you observe wild animals or other wildlife in your neighborhood?
 - Feral Cats
 - Raccoons
 - Wild Turkeys
 - Squirrels, Chipmunks, Skunks or Small Rodents
 - Deer
 - Wild Canines (Coyotes, Foxes)
 - Other _____
9. Do you or your cat visit homes where there are pets? Yes No
10. Do other pets come to visit at your house? Yes No
11. Does anyone with compromised immune systems live in or visit your home? Yes No
12. Have you seen evidence of fleas, ticks or worms on any of your pets or in your home? Yes No
13. Have you noticed any fleas or ticks on your cat? Yes No
14. Does your cat use the litter box, go outside, or both _____
15. Please list all of the products, medications or supplements your cat is using,
 - Flea or tick control products _____
 - Pain medications (including prescriptions, aspirin or supplements) _____
 - Dental products (including chews) _____
 - Heartworm preventive _____
 - Others _____
16. What kind of exercise does your cat get? _____
17. What kind of diet do you feed your cat? _____
18. Do you feed your cat treats? Yes No If so, how many times per day? _____

Unusual behavior

19. Does your cat scratch, bite at its skin or seem "itchy"? Yes No
20. Have you noticed
 - Yes No Any weight loss or gain?
 - Yes No Any change in your cat's skin or hair coat?
 - Yes No Any recent change in your cat's behavior or activity level?
 - Yes No Any signs of pain, like slow to get up or down, tremor or weakness in the rear legs, protecting of a certain body part?
 - Yes No Any recent changes in your cat's behavior around the litter box?

Please describe the changes: _____