

# 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

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Owner/ Client Signature

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Date

# Canine Lifestyle Assessment Form



## For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female  Spayed/Neutered

Date of last preventive care visit: \_\_\_\_\_

- How many dogs live in your home? \_\_\_\_\_
- How many cats? \_\_\_\_\_
- Other pets in the household include: \_\_\_\_\_

### Travel and outdoors

- How much time does your dog spend outside every day? \_\_\_\_\_ hours
- Do you take your dog to any of the following (check all that apply):
  - Dog parks
  - Doggie day care
  - Boarding or grooming facilities
  - Puppy school
  - Obedience training
  - Organized competitions
- Do you travel with your dog?  Yes  No  Where do you go? \_\_\_\_\_
- Do you take your dog hiking, hunting, camping, or fishing?  Yes  No

### Home environment and home care

- 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
- Do you or your dog visit homes where there are pets?  Yes  No
- Do other pets come to visit at your house?  Yes  No
- Does anyone with compromised immune systems live in or visit your home?  Yes  No
- Have you seen evidence of fleas, ticks or worms on any of your pets or in your home?  Yes  No
- Which pets do you treat for fleas, ticks, internal parasites, or heartworms?  Dog(s)  Cats
- Please list all of the products, medications or supplements your dog is using.
  - Flea or tick control products \_\_\_\_\_
  - Pain medications (including prescriptions, aspirin or supplements) \_\_\_\_\_
  - Dental products (including chews) \_\_\_\_\_
  - Heartworm preventive \_\_\_\_\_
  - Others \_\_\_\_\_
- What kind of diet do you feed your dog? \_\_\_\_\_
- Do you feed your dog treats?  Yes  No  If so, how many times per day? \_\_\_\_\_
- What kind of exercise does your dog get? \_\_\_\_\_

### Unusual behavior

- Does your dog scratch, bite at its skin or seem "itchy"?  Yes  No
- Have you noticed
  - Yes  No Any weight loss or gain?
  - Yes  No Any change in your dog's skin or hair coat?
  - Yes  No Any recent change in your dog'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 dog's behavior when defecating or urinating?

Please describe the changes: \_\_\_\_\_