



# Welcome

## Animal Health Clinic

Your business is appreciated and we would like to thank you for coming in.



Owner: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Spouse/co-owner: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell phone (owner): \_\_\_\_\_ Cell phone (co-owner): \_\_\_\_\_  
 Emergency Contact (name and number): \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

How did you hear about us?: Facebook  Google Search  Drove By/Saw Sign  Postcards   
 Web site/ Internet  Other Referral

Who may we thank? Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Pet(s): \_\_\_\_\_  
 Dog  Cat  Other \_\_\_\_\_ Breed: \_\_\_\_\_  
 Color(s): \_\_\_\_\_ Birth date/age (Estimate if Unknown): \_\_\_\_\_  
 Male  Neutered  Female  Spayed   
 Current/ Previous Veterinarian: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### PAYMENT IS DUE UPON COMPLETION OF SERVICES

- We will provide you with a written estimate of fees for hospital treatment, emergency care, surgery, or any other service upon request.
- I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this animal(s). I understand that every reasonable effort will be made to provide for successful treatment. However, due to the nature of some conditions, no guarantee can be made of successful treatment. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I also agree to pay a non-sufficient funds (NSF) fee for any returned check.

### PHOTOGRAPHY RELEASE

- I hereby authorize animal Health Clinic, to print, display, publish or otherwise use photographs taken of my pet(s), during their clinic/grooming appointment, or time of Boarding and/or Daycare. My pet's photos/videos and name(s) may be used for Animal Health Clinic's print, online and video-based materials, as well as other Company publications.
- I hereby release and hold harmless Animal Health Clinic, from any reasonable expectation of privacy or confidentially associated with the images specified above.
- I further acknowledge that my participation is voluntary, and that I will not receive financial compensation of any type, associated with taking or use/publication of these photographs. I acknowledge and agree that publication of my pet's photos confers no rights of ownership or royalties whatsoever.
- I release Animal Health Clinic, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.
- \_\_\_\_\_ I decline photography release by Animal Health Clinic.

\_\_\_\_\_  
 Signature Of Owner or Responsible Party

\_\_\_\_\_  
 Date

## AHC Daycare Waiver & Release Form



### About You & Your Pet:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Is your dog friendly/socialized? YES or NO

Does your dog have food allergies? YES or NO



### We also offer the following services/extras:

- Pooltime (\$6 per day)
- Birthday Paw-ty (\$25)
- Grooming & Bath Services (prices vary)

### IMPORTANT POLICIES & INFORMATION:

**✘ ALL YEARLY VACCINATIONS & FECAL EXAMINATIONS MUST BE CURRENT.**

If proof of current vaccinations is not provided; we will administer the required vaccinations, during your pet's stay, and charges will be applied to your account.

**✘ ALL PETS MUST BE FREE OF FLEAS & TICKS.**

If we find that your pet has fleas, we will administer a Capstar (\$4.95). If the problem is severe, a bath will be given. You will be responsible, for any charges accrued.

**✘ AHC WILL NOT BE RESPONSIBLE FOR COUGHS/COLDS, DIARRHEA, OR OTHER ILLNESS.**

Please be aware that colds/viruses will surface, occasionally. Even with vaccinations, the more that a dog is exposed to other dogs, the more susceptible it will be to illness. We take extreme care to disinfect and clean all areas, and provide an environment that does not support the growth/spreading of these germs.

**✘ AHC WILL NOT BE RESPONSIBLE FOR UNWANTED PREGNANCIES.**

It is recommended to have your pet spayed/neutered, prior to group playtimes. If your pet is in heat and/or not spayed/neutered, please notify a staff member.

**✘ AHC WILL NOT BE RESPONSIBLE FOR INJURIES SUSTAINED, DUE TO PLAY/FIGHT.**

If an incident occurs, the dog(s) will be checked, and any injuries will be treated that same day. If further treatment is needed, after the date of incident, the pet must be seen at AHC. We will not be responsible for bills accrued by another clinic.

**✘ AHC WILL NOT ALLOW A PATTERN OF AGGRESSION.**

We will attempt to fit each dog into a group play environment, unless the owner requests otherwise. If a dog displays unmistakable aggressive behavior, on two (2) occasions, the dog will be removed from the group environment. The dog will not be allowed to participate in any group play, without completing an appropriate intervention/training program, at the expense/responsibility of the owner(s).

I understand and agree to the above policies; and authorize Animal Health Clinic, to provide any treatment, test, or service deemed necessary; should any illness, abnormal condition/disease, or injury be discovered during daycare.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_