



Green Acres Animal Hospital

Owner's Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Have you ever been to Northtowns Veterinary Emergency before: **YES/NO**

How did you hear about us (ie: website, phone book, newspaper, friend, drove by, etc)? Were you referred by one of our clients? If so, whom can we thank? _____

Authorization:

Payment is expected at the time services are rendered. We will gladly prepare a written estimate for services if you desire. We accept Visa, Mastercard, Discover, Care Credit, Cash or Check (proper identification may be required).

I realize that I am financially responsible for payment of care for my pet(s). I further agree that in case of non-payment, a finance charge of 1.5% per month (18% annum) plus collection fees of 33-40% and attorney fees will be added and paid by me.

I have read and understand all of the above.

X _____

Please fill out the following information about your pet:

Pet's Name _____

Breed _____ Sex: _____ Spayed/Neutered: **YES/NO**

Date of Birth/Age _____ Color _____

Does your pet have any previous medical records from another hospital? **YES/NO**

If so, from which one? _____

Is your pet up to date on their Rabies vaccination? **YES/ NO/ UNSURE**

Is your pet on any medications? **YES/NO,**

If yes, which medications? _____



Please present any medical records to the receptionist with this form

Social Media Policy: Green Acres Animal Hospital utilizes social media marketing as a business tool, an educational resource for pet owners, and as a enjoyable way to share our patients' pictures. By initialing this disclaimer, you allow us to use their photograph(s) on our social media sites such as Facebook and our website, greenacresanimalhosp.com.

BOARDING AGREEMENT

Owner _____

Pet Name(s) _____ Date/Time of Pick Up _____

Emergency Contact Number(s) _____

We try to maintain a flea/tick free facility. If your pet has fleas/ticks upon arrival, we will apply preventative medication at the owners' expense.

If your pet should become ill or injured during his/her stay, prompt veterinary attention will be provided. If we are unable to contact an owner, guardian, or emergency contact, appropriate non-elective procedures and/or diagnostics will be performed. Please indicate below, by initialing, if you authorize further treatment, should it be necessary, if we are unable to contact you.

Yes, please treat my pet if I cannot be contacted:

_____ Up to \$ _____

_____ Whatever is needed, regardless of financial cost

_____ No, please do not treat my pet further until I can be contacted

Instructions (ie: amount/times of feeding/ medications, health concerns, etc)

Authorization:

I, the undersigned owner or authorized agent of the pet(s) named above, hereby authorize the Green Acres Animal Hospital, its doctors, and staff to administer such treatments and to perform such procedures that are considered therapeutically necessary for the care of my animal. In the event that emergency treatment is necessary to preserve the life of the patient, I authorize the Doctors and staff to perform such medical and/or surgical until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made.

If my pet becomes aggressive while boarding here, I realize that the pet may be moved and I will be charged for a 24 hour run, or feline condo, plus an additional aggressive boarder charge. Should it be necessary, I understand that my pet may not be able to board at this facility in the future, should the aggressive behavior prove to be a possible harm to other patients and/or staff.

I accept financial responsibility for the treatment of the above named pet and understand that payment in full is due upon release of the animal from the facility. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment, but it is understood that the actual cost may be higher or lower than the estimate, depending upon the extent of treatment required.

I certify that I have read and understand this authorization. I hereby release the Green Acres Animal Hospital, its doctors and its staff from any and all claims, except claims of negligence, arising out of or connected with the performance of treatments.

Owner's Signature

Date