

WELCOME TO OUR PRACTICE

Dr. Babcock

Dr. Krumins

Dr. Ottman



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

LAST NAME _____ FIRST NAME _____

SPOUSE/SECONDARY PET PARENT: LAST NAME _____ FIRST NAME _____

ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ SPOUSE CELL _____

WORK PHONE _____ SPOUSE WORK PHONE _____

WOULD YOU LIKE TO RECEIVE EMAIL OR TEXT REMINDERS?

YES, I WOULD LIKE TO RECEIVE REMINDERS THROUGH EMAIL/TEXT

NO, I WOULD NOT LIKE TO RECEIVE REMINDER THROUGH EMAIL/TEXT

E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? _____ OR REFERRED BY _____

If your pet(s) travel (or have traveled) out of the area, where? _____

Patient Information (This visit)

PET'S NAME _____ BREED _____ COLOR _____ AGE/DOB _____

PLEASE CIRCLE: **Female/Spayed** **Female/Intact** **Male/Neutered** **Male/Intact**

REASON FOR TODAY'S VISIT _____

SOCIAL MEDIA CORRESPONDENCE (PLEASE INITIAL)

I grant PVAH the right to take photographs in connection with my pet(s) _____

I authorize PVAH to use any photographs that I submit of my pet for print and/or social media. _____

PVAH may use images of my pet(s) for any lawful purpose, including but not limited to, publicity, illustration, advertising, and web content _____

Payment Information

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Visa, Master Card, Discover, American Express or CareCredit. There will be a \$30.00 service charge for any check returned unpaid. If you fail to pay any sum due and this matter is placed with a collection agency, or an attorney for collections, you shall be obligated and agree to pay for all costs and expenses incurred (including a collection fee, plus all attorney's fees, court costs and other expenses through judgment and post-judgment), which shall be payable whether or not an action or proceeding is commenced or prosecuted to judgment. Any balance remaining on the account over 30 days will result in a monthly service charge. A \$7.50 minimum or 1.75% service fee of the unpaid balance, whichever is greater, will be added to the outstanding balance. The service fee is not intended to be an interest charge, but reimbursement for servicing the account.

Hospitalized patients are cared for after hours by only intermittent observation as Doctor deems appropriate. Twenty-four (24) hour hospitalization is available by arrangement or night time transfer to Blue Pearl Emergency Pet Hospital at 3110 E Indian School Rd. Phoenix, AZ 85016.

Signature of Responsible Agent for Pet(s) _____ Date _____

CONFIDENTIAL