



Client Number _____ Date _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph (____) ____ - ____ Cell Ph (____) ____ - ____ Cellular Provider: _____

Privacy Disclaimer: This text message program is provided as a service to clients to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of Brandon Lakes Animal Hospital.

- I authorize BLAH to send text messages to advise me to call the office for the status of my pet.
- I decline to receive text messages at this time.

Emergency Contact: _____ Phone: _____

Employer: _____ Work Ph (____) ____ - ____

Driver's License # _____ State: _____

Email Address: _____

All Fees Are Due Upon Patient's Release

We will provide a written estimate of fees before any treatment is administered. The actual cost of treatment may vary depending on factors not evident at the time of original examination. A deposit is REQUIRED if animal are hospitalized for treatment. We DO NOT ACCEPT checks as payment from new clients. We accept Cash, Credit Cards (MasterCard, Visa, and American Express) or Debit Cards. The cardholder MUST be present at the time of payment.

Owner's Signature _____

PET INFORMATION

Pet's Name: _____ Date of Birth or approximate age: _____

Dog Cat Other Breed _____ Color(s): _____

Sex: Male ___ Female ___ Spay/Neuter ___

Current Medications: _____

Current Medical Problems: _____

Current Diet: _____

We at Brandon Lakes Animal Hospital sincerely appreciate referrals. Please inform our receptionist of who referred you and your pet to us.

Referred By: _____

RECORDS RELEASE

In accordance with the Florida State veterinary law regarding the confidentiality of patient medical records and treatment, a written authorization or other form of waiver executed by the client is required in order for us to provide a copy of your pet's medical records. By signing below you certify that you are the owner and/or agent of the above animal and have the authorization to make medical and legal decisions for this animal. You hereby authorize Brandon Lakes Animal Hospital to release the above animal's medical records to the requested person or veterinary facility. By signing this document, I hereby release Brandon Lakes Animal Hospital and DVM's from any liabilities regarding release of records.

Signature: _____ Date: _____

RESUSCITATION ORDER

Please read the following carefully and initial next to procedures you wish to be performed in the case of an emergency.

In the event of **cardiac or respiratory arrest** I authorize the responsible veterinarian to resuscitate my pet by performing one or more of the following procedures:

_____ **YES to resuscitation** Cerebral Cardio Pulmonary Resuscitation (CCPR) Cost range \$200- \$2500

_____ **NO to resuscitation** I consent in the event of cardiac or respiratory arrest that **NO** attempts to resuscitate my pet be performed.

Post- resuscitation procedure care most likely will include overnight monitoring at a 24-hour emergency facility at additional cost to the client.

PAYMENT POLICY

Payment is expected at the time of service. If your pet is to stay with us in the hospital we will collect the full estimated treatment plan charges at the time we admit your animal, any additional services are due when you pick up your pet from the hospital. If a credit is on the account you may elect to have the monies returned to you or left on the account for future use. We do not make payment arrangements; we do however offer a variety of payment options. We accept the following forms of payment. We apologize but we are not able to accept checks as a form of payment from new clients.

- Cash
- Debit Card
- Visa
- MasterCard
- American Express
- Care Credit- Depending on the amount charged Care Credit offers some no interest payment options that can be spread out over 3-12 months.
- **WE ONLY ACCEPT CHECKS** from long-standing clients (over 1 year) in a good financial standing with us.

Please sign to acknowledge that you have received a copy of our payment policy

(Signature of Owner)

(Date)