

# HOWDERSHELL ANIMAL CLINIC

## CLIENT INFORMATION SHEET



Account # \_\_\_\_\_

### OWNER INFORMATION

Owners (Please list in order of preference for phone calls.)	Please Check	Phone Number	Check if Text Enabled
1)	Cell ___ Landline ___	(     )	___ Yes ___ No
2)	Cell ___ Landline ___	(     )	___ Yes ___ No

\*Please be advised that if owners have different last names, the first will be listed as account owner with second as alternate contact.

#### ADDRESS

Street						
City				State		
Zip		Please circle:	St. Louis County	St. Charles County	Other	

#### EMAIL ADDRESS

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#### REMINDERS

Appointment and yearly reminders will be sent by email and text.

(Message and data rates may apply.)

### PET MEDICAL HISTORY (Please provide record of any current vaccinations.)

Please complete information for all your pets-Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Bird, etc.)			
Breed			
Sex			
Neutered/Spayed?			
Color			
Approx Age/Birthday			
Allergies & Alerts			
Microchip #			

**To help prevent the spread of infectious diseases, ALL hospitalized animals should be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment, if it is not current.**

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## GENERAL CLINIC POLICIES/EXPECTATIONS

I understand and agree to the following clinic policies:

- Every effort will be made to achieve a successful outcome and to provide for all possible safety in clinic care and handling. I hereby authorize this clinic to receive, prescribe for, treat, or perform surgery upon the pets listed under my account.
- Please be advised that Howdershell Animal Clinic may release patient information to:
  - County & City animal control agencies
  - Health departments & Law enforcement agency's
  - Grooming, Boarding, and other veterinary service providers/facilities

## CLINIC CANCELLATION/NO-SHOW POLICY:

I understand and agree to the following clinic policy:

- We require clients give us at least 24 hours' notice if a scheduled appointment cannot be kept. Should insufficient notice be given, the appointment will be considered a no-show, and a CURRENT OFFICE EXAM FEE for all pets' missed appointments will be charged to the client account. This NONREFUNDABLE fee will be added to the client invoice and expected to be paid before further veterinary services are performed.
- Surgical, dental, and all anesthetic procedure appointments will be charged a \$100.00 fee for all missed appointments.
- NEW CLIENTS will be required to prepay their exam fee at the time of scheduling their appointment. This NONREFUNDABLE payment will be applied toward their invoice for services.
- Clients who repeatedly no show for their appointments will not be put on the schedule. AFTER 3 NO-SHOWS, THE CLIENT WILL BE DISMISSED AND SERVICES WILL BE TERMINATED.

## PAYMENT POLICIES

I understand and agree to the following payment policies:

- Payment is expected in full at time of services.
- Products must be paid for at the time they are dispensed.
- Failure to pay for services will result in collection efforts and termination of services with the clinic.
- In the event collection efforts are necessary, client will pay for cost of collection. This fee will be 35% of the unpaid balance.
- All accounts unpaid after 30 days receive a late charge computed at a rate of 1.50% per month, which is an annual percentage rate of 18% with minimum charge of \$1.00.

Payment forms accepted:

Cash or Charge (American Express, CareCredit, Discover, Mastercard, or Visa) only – **NO CHECKS**

## PLEASE CHECK THE FOLLOWING

Do you give your consent to:

- Howdershell Animal Clinic to release your pet's health information to rescue groups & adoption agencies?  Yes  No
- Howdershell Animal Clinic to use your pet's image on various forms of media?  Yes  No

**HOWDERSHELL ANIMAL CLINIC MAY CHOOSE NOT TO PROVIDE SERVICES AT THE DISCRETION OF THE CLINIC.**

Owner  
Signature

Date