

Companion Animal Hospital of Indian Land

Patient/Client Information

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Mobile # _____ Work # _____

E-mail Address _____

Pet's Name _____ Male Female Spayed/Neutered Intact

Species _____ Breed _____ Color _____ Birth date _____

*****payment is due at the time professional services are rendered*****

How did you hear about us? _____ Previous veterinarian _____

Whom may we thank for referring you? _____

Why are you seeking a new Veterinarian? _____

For safety reasons, Companion Animal Hospital of Indian Land requests that clients do not restrain their pets during the examination or medical procedures. I understand that if I choose to restrain my pet, I do so at my own risk and will not hold Companion Animal Hospital of Indian Land liable for any injuries (human or animal) that may result. In order to prevent the spread of infectious disease and external parasites, all animals admitted into the hospital facility must be current on all vaccinations and be parasite-free. Rabies vaccination is required by State Law. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon this pet and additional pets that I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharge from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee will be assessed for each non-sufficient fund check and/or certified letter that must be sent and monthly service charge fees shall accrue to any unpaid balances. I understand that Companion Animal Hospital of Indian Land is not a 24-hour care facility and veterinary service is dependent upon business hours. Continuous presence of qualified personnel may not be provided. Evening, weekend, holiday and critical care veterinary services are performed at one of the two local emergency hospitals. If I neglect to pick up my pet within 5 days of the discharge and do not notify you within that time period, you may assume that the pet is abandoned and hereby authorized to dispose of the pet as you deem best and/or necessary. I authorize Companion Animal Hospital of Indian Land to contact other veterinarians to discuss medical issues concerning my pet and to obtain medical records for my pet. I also authorize Companion Animal Hospital of Indian Land to release medical records to other veterinary hospitals and to release the vaccination history to boarding/grooming facilities. I understand that Companion Animal Hospital of Indian Land occasionally uses video/audio surveillance for training purposes. Companion Animal Hospital of Indian Land occasionally utilizes various modes of social media (Facebook, BLOG, Twitter, etc) to connect with clients. Only your pet's name, photograph and possibly brief medical information are used. No client information is used unless specific permission is given.

Social media consent: I authorize my pet's photo/information to be used _____ (initial)

I do NOT authorize my pet's photo/information to be used _____ (initial)

Signature _____ Date _____