

CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet(s).

So that we may update our records, please complete the following:



DOUBLE CHURCHES ANIMAL CLINIC

8365 Whitesville Road, Columbus, GA 31904
(706) 322-3232 www.doublechurchesanimalclinic.com

CLIENT INFORMATION

Date _____

Legal Owner's Name _____ Spouse/Co-Owner's Name _____

Address _____ City _____

State _____ Zip _____ County _____

Primary Phone _____ (Cell, Home, Work) Secondary Phone _____ (Cell, Home, Work)

May We **Text You** Appointment/Vaccine Reminders? ____ Yes ____ No

Employer _____ Spouse/Co-Owner's Phone _____

Best Time to Reach You _____

E-Mail Address for reminders: _____

Personal Recommendation (*Whom may we thank?*) _____

ESTIMATES AND PAYMENT

We will gladly provide you with a written treatment plan with estimated fees. All professional fees are due at the time services are rendered. We accept cash, and major credit cards. For extensive medical or surgical procedures, and all new client appointments, we do require a deposit. We offer Care Credit financing for qualified clients. Please ask a CSR for details. All balances are subject to a monthly finance charge. If it becomes necessary to send your account to a collection agency, you are responsible for all collection fees incurred.

SOCIAL MEDIA RELEASE:

Double Churches Animal Clinic utilizes social media marketing as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. You may or may not wish to participate as outlined below. If you do not wish to participate, simply check the last box below.

I approve use of the following (initial all that apply):

- _____ My pet's story
 _____ Pictures/videos of my pet
 _____ My pet's name (first name only)
 _____ My story as a pet owner
 _____ Pictures/videos of me
 _____ My name (first name only)

I decline use of any web marketing (initial below):

_____ **I do not** grant permission to use any of the above

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet. I assume responsibility for all charges incurred in the care of my pet. I also understand that these charges will be paid at the time of treatment and/or hospitalization and a deposit may be required before an appointment is scheduled. Additionally, I understand that I will be responsible for any and all collection fees incurred by Double Churches Animal Clinic should I default on my account.

I, the undersigned, also do hereby grant permission to Double Churches Animal Clinic to use the above material for social media. I release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. My signature indicates I have read the policies above and I agree to the terms stated.

By signing below, I certify that I am the legal owner, at least 18 years old and authorized to make medical and financial decisions for the pet(s) listed on my account.

Client Signature: _____ Date _____

Witness: _____ Date _____

NEW CLIENT DEPOSIT POLICY:

We require a \$65 deposit for New Clients when booking their first appointment with us. This policy also applies to established clients who have a history of failing to keep scheduled appointments (more than 2 no-shows or late cancellations). This will be applied to your visit and covers our no show/ late cancellation fee.

LATE CANCELLATION/MISSED APPOINTMENT POLICY:

Our goal is to provide quality individualized veterinary care in a timely manner. No-shows and late arrivals negatively impact those patients who need access to veterinary care. We would like to inform you of our policy regarding missed appointments.

A veterinary/client relationship is built on mutual trust and respect. As such, we strive to be on time for your scheduled appointments, and ask that you give us the courtesy of a call when you are unable to keep your pet’s appointment. As a courtesy, we provide reminder calls/emails/texts before your pet’s appointment. However, it is ultimately your responsibility to remember your pet’s appointment.

Cancellation of an Appointment:

In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to show up for an appointment. This time will be reallocated to a pet in need of treatment. If it is necessary to cancel your pet’s scheduled appointment, we require that you call at least 24 hours in advance. Your early cancellation will allow another patient access to timely veterinary care and your \$65 deposit can be refunded to you or applied to your pet’s rescheduled appointment.

Missed Appointment/Appointment No-Show:

A late cancellation is when a client cancels an appointment without at least 24-hour notice. In the event of a late cancellation, the \$65 deposit will be forfeited.

A missed appointment or “no-show” is when a client misses an appointment without cancelling it. A failure to be present at the time of a scheduled appointment will be recorded in the patient’s chart as a “no-show” and the \$65 deposit will be forfeited.

Late Arrival Policy:

We make every effort to be on time for all our appointments. Unfortunately, when even one patient arrives late, it can throw off the entire schedule for that day. In addition, rushing or “squeezing in” an appointment short changes patient care. Therefore, a client that arrives 10 minutes or more late to their scheduled appointment may be asked to reschedule and the \$65 deposit will be forfeited.

By signing below, I certify that I am the legal owner, at least 18 years old and I have read and agree to the above Late Cancellation/Missed Appointment Policy:

Client Signature: _____ Date _____

Witness: _____ Date _____

Thank you! Now tell us about your pets!



OUR MISSION

Our goal is to provide comprehensive medical care tailored to the unique needs and circumstances of both you and your pets and to help you keep your beloved pet as a happy and healthy member of your family for years to come!

How many pets do you have? Dogs: _____ Cats: _____ Other: _____

<p>Pet #1 Information</p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>	<p>Pet #2 Information</p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>
<p>Pet #3 Information</p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>	<p>Pet #4 Information</p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>