



204 Park Street  
Falmouth, KY 41040  
859-654-1031  
WEBSITE: [www.grantslickvet.com](http://www.grantslickvet.com)

Welcome to our hospital. We look forward to serving you and your pet. Our office hours are **Monday, Tuesday, Friday 8:00 AM-6:00 PM, Wednesday 8:00 AM-4:00 PM, Thursday 10:00 AM-6:00 PM, and Saturday 8:00 AM-2:00 PM.** At times, it may be necessary to close the office early due to staff meetings, Doctor continuing education, or inclement weather. We do try to post this information ahead of time.

#### **APPOINTMENT POLICY:**

**Appointments are seen by appointment only.** Appointments are seen by appointment time, not arrival time. If you can not keep your appointment, please call ahead to cancel. We do charge an office call fee for missed appointments.

#### **PRESCRIPTION OR FOOD REFILL POLICY:**

We ask that you call ahead for all prescription refills and prescription pet foods. This would greatly help our staff to serve you in a timely manner. Our goal is to have records pulled, charted, and prescriptions or pet food ready when you arrive. Also, due to limited space, we are not able to carry a large supply of prescription pet foods. We place weekly orders, so remember it is always a good idea to call ahead for all prescription pet foods.

#### **PET MEDICAL RECORDS POLICY:**

In accordance with the Veterinary Practice Act regarding the confidentiality of Patient Medical Records, a written authorization executed by the client is required in order for our clinic to release copies of your pet's medical records. Grant's Lick and Pendleton County Veterinary hospital will release pet records without authorization to the following: Police Department, Health Department, Dog Wardens, Animal Shelters, callers with Rabies Tag Numbers. For the convenience of our clients and in order to avoid last minute written authorizations, clients may sign today to give permission to release medical records for any pet to: grooming and boarding facilities, other Veterinary Clinics, Pet Adoption, Breeders, Rescue Groups, or any other request for Records. See page 2 to provide authorization.

#### **EMERGENCY POLICY:**

In case of an **AFTER HOUR EMERGENCY**, please call our office using one of the above numbers. A message on the answering machine will give you further instructions. After regular business hours, there is always a Doctor available for emergency consultations. Since there is no Doctor or staff on duty after regular business hours, some emergencies may be referred to the Emergency Clinic. The Doctor on call will let you know what the best options are for your pet's emergency. Our answering machine is set for "Emergency Calls" only. Please do not leave messages pertaining to appointment cancellations, billing questions, or etc.... you will need to call the office during regular business hours.

#### **BILLING POLICY:**

**Payment is expected when services are rendered.** Due to the high cost of billing, it is our policy **NOT TO EXTEND CREDIT** for any routine office visits, vaccines, surgery, medicines, or pet food because we want to be able provide the best veterinary care at the lowest possible cost to you. Clients are required to leave a deposit on pets that need to be hospitalized. The person that brings the pet in will be held responsible for the bill. In case of an emergency, if full payment cannot be made, all charges must be prior approved by the bookkeeper or doctor. Any balance remaining after 30 days is subject to a minimum of a 1½% service charge or a maximum of 32% of the debt. Service charges or billing charges may change without notice. We accept cash, checks, Visa, Discover, or MasterCard. **THERE IS A \$50.00 CHARGE ON ALL RETURNED CHECKS.**

Pendleton County Veterinary Doctors and Staff thank you for entrusting us with your pet's health care.

PLEASE FILL OUT THE FOLLOWING FORMS AND PLEASE PRINT:

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S CELL PHONE#: \_\_\_\_\_

SPOUSE'S WORK PLACE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Pet(s) Medical Record Release Policy

In accordance with the **veterinary practice act**, regarding the confidentiality of patient medical records, a written authorization executed by the client is required in order for our clinic to release copies of your pet's medical records. Grant's Lick and Pendleton County Veterinary hospital **will release** pet records **without authorization** to the following: **Police Department, Health Department, Dog Wardens, Animal Shelters, Callers with Rabies Tag Numbers.**

For the convenience of our clients and in order to avoid last minute written authorizations, clients may sign today to give permission to release medical records for any pet to a **grooming or boarding facility, other veterinary clinic, and/or pet adoption/breeder/rescue groups.**

\_\_\_\_\_ **I do authorize the release of my pet(s) records to the above.**

\_\_\_\_\_ **I decline release of my pet(s) medical records.** (Client's who do not wish to sign today, will be required to obtain the written authorization form from our web-site or from the clinic to have records released.)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S DRIVER'S LICENSE #: \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY #: \_\_\_\_\_

**I AGREE TO PAY IN FULL FOR SERVICES RENDERED. ANY BALANCE REMAINING AFTER 30 DAYS, I AGREE TO REIMBURSE YOU THE FEES OF ANY COLLECTION AGENCY, WHICH MAY BE BASED ON A PERCENTAGE AT A MAXIMUM OF 32% OF THE DEBT, AND ALL COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, WE INCUR IN SUCH COLLECTION EFFORTS. SERVICE CHARGES OR BILLING CHARGES MAY CHANGE WITHOUT NOTICE. ALSO, THERE IS A \$50.00 CHARGE ON ALL RETURNED CHECKS.**

**I AGREE TO THE ABOVE CONDITIONS.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY—THIS PAPER WILL BE KEPT IN A LOCKED LOCATION.**

**ACCOUNT # \_\_\_\_\_**