



Client Registration

Primary Owner Name: \_\_\_\_\_

Primary Owners Phone: \_\_\_\_\_ Cell: Y N Home Phone: \_\_\_\_\_

Secondary Owner Name: \_\_\_\_\_

Secondary Owner Phone: \_\_\_\_\_ Cell: Y N

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Please print neatly  
*\*E-mail address and cell phone numbers are used for appointment confirmations and pet health service due reminders through our Pet Desk App program – ask a staff member for more details or to send you the app today!*

May we call you at work with results, or important information regarding your pet? Y N

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please tell us how you heard about our practice: \_\_\_\_\_

**\*Please list below anyone else authorized to make veterinary service arrangements for your pets and include their phone numbers.**

Name: \_\_\_\_\_ Relationship/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship/Phone: \_\_\_\_\_

Driver's License Number & State (if paying with check): \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Pet Insurance: Yes No

I have read, understand and initialed the Office Policies and Payment Information Agreement the next page.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Policy & Payment

Thank you for choosing Animal Care Hospital of Morris as your pet's Veterinary healthcare provider. It is our responsibility to recommend any necessary prevention, routine healthcare, illness or injury treatments your pet may need. All recommendations, are based on your pets assessed risks and a doctor's physical examination, and other diagnostics such as x-ray, lab work, ultrasound, etc./ and or clinical picture and presented to you by our Doctors and Technicians. We will give you options (if any) for the treatment recommended, will answer all questions you might have about it and will help you decide what treatment would be best for your pets. We are committed to providing your pets with the highest quality of lifetime veterinary care, so that they may attain optimum health over the course of their lifetime with you.

### Federal and State Licensing Regulations

All medical recommendations, advice, prescriptions, refills, and diagnostic testing may only be performed or provided for patients that our doctors have valid patient-doctor relationships with. This means your pet will need to be examined at least yearly for wellness, and each time your pet is unwell or injured. (some conditions, treatments, and medications require additional examinations/tests etc.) to maintain any valid working relationship for each individual pet. **Initials**\_\_

### Fees and Payments

Professional fees are required at the time of service. We accept personal checks (with a valid driver's license and date of birth), cash, and most major credit cards. We DO NOT accept CARE CREDIT. All returned checks are subject to \$25.00 fee/per time returned from bank.

I understand that responsibility for payment for services provided in this office is mine, due and payable at the time of service.

Financial arrangements may be made in emergency cases where surgery or hospitalization is required. This can only be done via post-dated Checks and requires a \$25.00 administration fee paid at time of service.

I further understand that a finance charge of 24% annually will be added to balances over 30 days. In the event of default, I agree to pay interest in the indebtedness, together with reasonable attorney fees, court costs and up to an additional 100% of the balance added for collection costs as will be required to effect collection of this account.

I agree that in the event my account enters non-payment status or incurs a returned check, Animal Care Hospital will be unable to provide you or your pets any additional services (emergency or otherwise), product, or medical advice, until account is brought back into current status. **Initials** \_\_\_\_\_

### Estimates

It is your right to know the expenses related to your pet's care. If an estimate has not been provided to you, it is your right to request one. Estimates are not "bids" or "quotes" or meant to be exact. Estimates are simply a beginning point for known costs at the time of their creation and may vary by up to 30%. Estimates do not include additional fees from additional medical care/supplies due to complications, emergency care, or needed care for un-foreseen circumstances, or fees for services/products you elect to add-on to your pet's procedure or visits. **Initials** \_\_\_\_\_

**Missed Appointment/ No Show Fee** *A free app and appointment reminder service is provided for you.*

I understand that rescheduling an appointment may be done up to 24 hours prior to your scheduled appointment without expense. Please note: ACH reserves the right to charge a missed appointment fee of \$45.00 for visits and a \$100.00 cancellation/no-show fee for surgical and anesthetic procedures (less than 24 hours).

Signature of Primary Account Holder: \_\_\_\_\_  
Or Representative

Date: \_\_\_\_\_