



We are pleased to welcome you to our practice!

Client Information

Owner's Name: _____

Primary Contact Number: _____ Secondary: _____

Ok to Text? Yes No

Ok to Text? Yes No

Spouse/Co-Owner's Name: _____ Contact Number: _____

Ok to Text? Yes No

Address: _____

Street

Lot/Apt

City

State

Zip

Email: _____

How Did You Hear About Us? _____

If someone referred you to us, please let us know so we can thank them.

Medical Release Form: A completed Medical Release Form must be on file to receive any records for your animals, whether for personal use or to be given to medical or boarding facilities. You must request to have this form sent to you or visit Avian and Animal Hospital to receive a paper copy to complete. This policy is in place to protect your personal information.

I have read, understand, and agree to the Medical Release Form Policy: _____

Initial

Late / Work-in Policy: As a courtesy to our other patients, we reserve the right to reschedule your appointment if you are more than 10 minutes late. When possible, we can work you into our schedule for a \$25 fee.

I have read, understand, and agree to the late/work-in policy: _____

Initial

I understand that I am financially responsible for any services rendered. We accept all major credit cards, cash, Care Credit, and Scratch Pay. Sorry, we do not accept checks as a form of payment. Full Payment is due at the time services are rendered.

Signature: _____ Date: _____