Allison Arnoult, DVM • Todd Worrell, DVM • Autumn Dunivan, DVM
5307 Highway 70 West • Morehead City, NC 28557
(252) 240-3885 phone • (252) 240-3540 fax • www.petdocks.com

NEW CLIENT REGISTRATION

The staff of PetDocks Veterinary Hospital thanks you for the opportunity to provide veterinary care for your pet family member. Please take a few moments to fill out this form as completely as possible.

First Name ____________ Middle Initial ______ Last Name ____________

Mailing Address ____________________________

City ____________ State ________ Zip ______

Physical Address (if different) ____________________________

E-mail Address ____________________________

Primary Phone # ____________ Work Phone # ____________

Secondary Phone # ____________ Fax # ____________

Employer ____________________________

City ____________ State ________ Zip ______

Spouse/Co-owner's Name ____________________________

Spouse/Co-owner's Primary Phone ____________ Spouse/Co-owner's Secondary # ____________

Spouse/Co-owner's Employer ____________________________

City ____________ State ________ Zip ______

Emergency Contact Name ____________ Phone Number ____________

Professional fees are due at the time services are rendered. If you wish to pay by check, credit card, bank or debit card, please complete the following:

Driver's License (state and number) ____________ Date of Birth ____________

How did you hear about PetDocks Veterinary Hospital?

- O Is there someone we may thank for referring you? ____________
- O Saw our hospital
- O Newspaper
- O Website
- O Radio
- O Yellow Pages
- O Other

Although you are responsible for any charges accrued while your pet is here, is there anyone you give permission to drop off or pick up your pet in your place?

Name ____________ *Contact Phone Number* ____________

PET #1

Pet's Name: ______________________ Date of Birth or Age: __________

Species: O Dog O Cat O Other: ______________________

Breed: ______________ Color/Markings: ______________

Sex: O Male Neutered? O Yes O No

O Female Spayed? O Yes O No

Vaccinations last given by (clinic name): ______________ Date: ______

Current Medications: ______________ Previous Surgeries: ______________

Allergies: ______________ Long-term Medical Problems: ______________

PET #2

Pet's Name: ______________________ Date of Birth or Age: __________

Species: O Dog O Cat O Other: ______________________

Breed: ______________ Color/Markings: ______________

Sex: O Male Neutered? O Yes O No

O Female Spayed? O Yes O No

Vaccinations last given by (clinic name): ______________ Date: ______

Current Medications: ______________ Previous Surgeries: ______________

Allergies: ______________ Long-term Medical Problems: ______________

Name of Current/Previous Veterinarian: ______________________

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION.

Do you have verification of Rabies status with you? O Yes O No

If not, choose: O Vaccinate today at a cost of $14.00-$19.50

O Call previous Veterinarian for tag number

Veterinarian's Name ______________ Phone Number __________

Do you have previous vaccine history with you? O Yes O No

If not, would you like to have your records faxed and added to your PetDocks medical record? O Yes O No

***Professional fees are due at time services are rendered.**

Owner/Agent's Signature: ______________________ Date: __________

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Thank you for choosing PetDocks Veterinary Hospital as your veterinary care provider. We are committed to your pet's treatment being successful. Please understand that payment of your bill is considered part of your pet's treatment. The following is a statement of our Financial Policy.

All clients must complete our New Client & Patient Information forms before seeing the doctor.

The owner, or agent acting as owner, of any pet treated at PetDocks Veterinary Hospital is responsible for full payment.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, or VISA/MASTERCARD.

Preferred Method of Payment:

- O Cash
- O Check
- O Credit Card (Visa, MasterCard, Discover, American Express)
- O Care Credit

FOR AFTER-HOURS EMERGENCIES, PAYMENT MUST BE MADE IN CASH OR WITH A CREDIT CARD.

Estimates will be provided prior to any services, other than life-saving/resuscitative measures, being performed.

In the event your account has to be turned over to our attorney or a collections agency, we reserve the right to charge a collections fee of up to 50% of your account balance.

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 the pet(s) listed and additional pets I present. **Furthermore, I agree to pay fees for services rendered at the time the pet is discharged 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 of $25.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a $5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of $1.00. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to the terms of the Financial Policy.

Owner/Agent's Signature ______________________________ Date ____________