

Pet Owner Name: _____

Pronouns: () he/him/his () she/her/hers () they/them/theirs () no pronouns () not listed:

Full address: _____

Phone Numbers: Primary _____ Secondary _____

Email address _____

By providing an email address you are giving us permission to use this as a contact method. Also, you can shop on our online store, and receive special coupons and information about special events and offers via email. If you do not want to receive special offers and coupons, write “opt out” here:

Preferred method of receiving reminders (circle one): **Text Email Postcard**

Co-Owner Name: _____

Phone Numbers: Primary _____ Secondary _____

Please list anyone authorized to give consent for care (including for emergencies, DNR & euthanasia, unless otherwise specified) of pets listed in file. Must be over 18 years of age.

Provide name and phone number: _____

So that we can collect all medical records available, please provide info of previous vet clinics - Please list the names and phone numbers (if known):


Eligibility for discounts (circle any that apply):

Senior (over 65) Service animal Fellow VetMed

Whom may we thank for their referral (if applicable)? _____

Pet info -

Pet's Name	Age or Birthdate	Gender/Altered?	Coloring

Please continue back of page 



Policies and Procedures

Please initial each item to show you've read and understood.

Thank you for choosing us to care for your pet(s). As a privately owned small business, each client and patient is very important to us. Our goal is to provide excellent care to each patient and excellent customer service to each client.

Payment is due at the time of service. We accept Cash, Card, and Care Credit. We do not provide financing options. We are happy to provide an estimate of services for treatment plans. _____

Pet insurance is not processed as human health insurance is. We are not involved in coverage, claims, or billing for insurance. If your pet is covered, pay your bill to us in full, file a claim with the insurance company, then with records from us they will reimburse you for covered services. _____

Open invoices are subject to a collection fee of \$5.00 that will accrue to the account monthly. _____

If you need to cancel or reschedule an appointment, please notify us at least one (1) business day in advance. We do implement a "no call/no show" fee of \$35.00 for no call/no shows, and for cancellations (without reschedule) less than 4 business hours prior to the appointment check in time. Proper notification whenever possible gives us the opportunity to use that time to care for another pet in need. Repeated no call/no shows may result in requiring prepayment for appointments. _____

Please allow up to 48 hours to process in-house pharmacy medication refill requests. Alternative pharmacy refill requests may take up to 72 hours to process (requires some back-and-forth communication with the external pharmacy). Additionally, there will be an annual fee of \$15 for the use of external pharmacies. This does not apply to the use of our online store pharmacy. _____

We have a fund account called our Angel Fund that is provided by donations to cover the costs of emergency treatments if a family cannot afford the care. If you would like to donate to the Angel Fund at any time or apply for use of the fund in an emergency, simply speak with a client service representative about it. _____

We encourage reviews on Google and Yelp. Positive feedback is especially valued by our hard-working team so please share your experience. _____

Please treat our staff with the same respect you would expect to receive. Please always be polite and respectful to the doctors and staff. We work very hard, and we care very much. Hate speech, aggression, or discourteous behavior will result in being asked to leave and no further service. We reserve the right to refuse business to anyone. _____

By signing below, you indicate that you are the owner and responsible party for services rendered for the pets listed. You also indicate that you have read and accepted the policies described above.

Signature _____ **Date** _____

Thank you for choosing Edmonds Veterinary Hospital!