

Owner #1 Nan	ne:		
Pronouns: ( ) he/h	nim/his() she/her/hers()th	ey/them/theirs() no pronouns(	) not listed:
Mailing address:			
City:	Zip Code:	_	
Phone Numbers: Primar	У	Secondary	
online store, and receive s receive special offers and offers	pecial coupons and informa coupons, write "opt out" her (Your information	ation about special events and o	
Owner #2 Nan	ne:	ney/them/theirs ( ) no pronouns (	
Phone Numbers: Primar	У	Secondary	
•	•		ergencies, DNR & euthanasia, years of age. Provide name and
	all medical records ava and phone numbers (if		regarding previous vet clinics -
Eligibility for discounts (	circle any that apply): Ser	nior (over 65) Service anim	al Fellow VetMed
Whom may we thank for	their referral (if applicab	le)?	

## Pet info -

Pet's Name	Dog/Cat, Breed	Male/Female, Altered?	Color	Birthday or Age

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## **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.

It is our policy that payment is due at the time of service. We accept Cash, Debit, Visa, MasterCard, Discover, American Express and Care Credit. Unfortunately, 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. You understand we have no involvement in coverage, claims, or billing for insurance. If your pet has insurance, pay your bill to us in full, then file a claim with the insurance company. They will request records from us and then they will <u>reimburse you</u> for covered services.

If for any reason there is an open invoice, a collection fee of \$5.00 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. Proper notification whenever possible gives us the opportunity to use that time to care for another pet in need. We do implement a "no call/no show" fee of \$35.00 for no show appointment and for late cancellations without reschedule.

Please allow up to 48 hours to process in-house pharmacy medication refills. Alternative pharmacy refill requests may take up to 72 hours to process. 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.

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
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## Thank you for choosing Edmonds Veterinary Hospital!

If you would like to donate to our "Angel Fund" to help cover care costs for pets surrendered to us while they await adoption, please let your staff know today.

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