

{CLINICNAME}, PC
{CLINICADDRESS1}
{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}

Client Check-in & Care Authorization
{CURRENTDATE[SHORT]}

CONTACT INFORMATION

Name:	{FULLNAME}	Other names on account:	{SECONDARYNAME}
Address:	{ADDRESS1} {ADDRESS2} {CITY}, {STATE} {POSTALCODE}	Primary Phone: Other (add as needed):	{CDESCRIPTION___ CNUMBER__}
Preferred email:	{EMAILADDRESS}		

Note that "**Other names on account**" gives another person/people the same access to the account (requesting medical records, receiving communication from us, picking up pets, etc.) as the primary account name. AT THIS TIME our software only allows us to print one "Other name" on a page, although YOU MAY HAVE MORE on your account. Please ask to double check the computer if you have ANY concern about this, this is very important.

(Initial) _____ if contact information above is correct, add/modify information if incorrect.

Authorization to Provide Care

I am the owner or duly authorized agent for the owner of the pet(s) I am presenting for care, and allow this authorization to be applied to any and all pets so presented now and in the future until and unless revoked in writing.

I hereby authorize and direct the veterinarians of Kyle Animal Hospital or their assistants to perform services, procedures, diagnostics, treatments, and/or the administration and prescription of medications, labeled and extra-labeled within accepted veterinary guidelines as deemed necessary for my pet.

I understand that the delivery of medical care is not an exact science, and there will be no guarantees as to the results of any procedure, medication, therapy, or test.* I understand that there is an inherent risk of complications, including allergic reactions and death, for any procedure that may be performed, including basic vaccinations, lab tests, venipuncture, cystocentesis, bathing, shampooing, grooming, handling, etc. I understand and accept the risks of complications, and by consenting to lab tests I agree that I am consenting to procedures necessary or recommended to obtain lab samples, including venipuncture, needle tissue aspirates, bladder aspirates (cystocentesis), etc. The nature and risks of any other procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions that I may have are answered to my satisfaction, before I will leave my pet or allow treatment. I understand that I have the choice to obtain additional information regarding opinions for preventive care, therapeutics, diagnostics, or any other procedure for my pet. I understand that no personnel are on site overnight or continuously on weekends, and that I have the option to ask for transfer to a 24 hour hospital should my pet require care overnight or over a weekend.

I furthermore understand that in order to be environmentally sensitive and reduce the amount of paperwork/client release forms involved, while still providing client information, Kyle Animal Hospital has master information and authorization forms that go into greater detail in the office and posted online. My signature below certifies that I have read or have had the opportunity to read these forms as well, namely Kyle Animal Hospital's *Information for Vaccination and Wellness Care* and *Information for Diagnostic/Treatment/Surgical Care*. I understand that I am entitled to a hard copy of all appropriate information upon request, and that I have the opportunity to seek further clarification regarding the natures and risks of all procedures before authorization.

Signature

Print name

Date

*We generally have a 24 hour turnaround on all lab tests, and call on all results--normal OR abnormal. Do not assume test results are normal if we have not called you--technology has its limitations. The same thing applies to rechecks, expected improvement or lack thereof, so do not hesitate to check back with us if you are unsure about ANY aspect of your pet's condition, test results, follow up, etc.

Wellness care consent

Kyle Animal Hospital recommends annual wellness visits, certain vaccines, and regular parasite prevention (heartworm, intestinal parasite, flea, etc.) for all pets for the protection of the pet, client, and family. I also understand that administration of certain heartworm prevention medications, in the presence of heartworm disease, can lead to potentially fatal reactions. I do understand that heartworm preventive medications are not 100% effective, and that increasing cases of resistance to heartworm preventive medications has been noted.

I understand that the manufacturers and Kyle Animal Hospital recommend at least annual heartworm testing of all dogs and most cats, and re-testing any time they have been off prevention for more than 5 months. I further understand that Kyle Animal Hospital considers heartworm prevention to be of the utmost importance for dogs and does not absolutely require a test before prescribing heartworm prevention-instead preferring to leave it to an informed owner's discretion and consent.

I understand the potentially fatal consequences to my dog if heartworm disease is undiagnosed and/or if heartworm prevention is restarted in the presence of heartworm disease, and that cases of heartworm disease are reported in dogs even though they are current on heartworm prevention. I also understand that any guarantees from the manufacturer may not be in effect in absence of an annual heartworm test.

I do understand that I have the option to decline the recommendations for a heartworm test, and that I accept the consequences of not testing my dog for heartworm disease prior to restarting or continuing heartworm prevention should I waive testing.

Signature

Information sharing policy

Your pet's medical records are confidential. Kyle Animal Hospital will not violate this confidential relationship, and we will not release your pet's medical records without written or oral authorization executed by the client, an appropriate court order or subpoena, or in rare circumstances as legally necessary to substantiate and collect on debt as allowed by state law. We may release information on a rabies certificate or any information regarding reportable communicable diseases to a governmental entity only for purposes related to the protection of public health and safety.

We will not sell any of your information, and we do not maintain any credit card numbers, including CareCredit. In certain other situations, as allowed by state law and with written authorization below, Kyle Animal Hospital does allow medical and pet history information to be accessed by outside parties for the purposes of facilitating medical care, reminder generation for services due, medication and prescription filling, laboratory services, case medical management, obtaining outside medical opinions, software maintenance and backups, general client communication, and other reasons related to facilitating medical care and general business operations. By authorizing care for your pet(s), you agree that we are not responsible for misuse by or failure of third parties to protect this information.

Kyle Animal Hospital also maintains an active social media presence. We enjoy sharing our patient's photos and stories on Facebook, YouTube, Twitter, our clinic website and other social media. We absolutely respect our patient's and client's privacy though, so if you prefer we will not share images of you or your pets taken in our hospital. By signing below, you give Kyle Animal Hospital, PC permission and consent and agree that Kyle Animal Hospital, its employees, or agents have the right to take photographs, videotape, or digital recordings of you and your pet(s) and release all rights to exhibit this work, along with your pet's name (pet name only) in print and electronic form publicly or privately for the purpose of social media posting.

Kyle Animal Hospital is not responsible for any expense or liability incurred as a result of you or your pet(s) participation in any photographs or recordings, social media sharing, or information sharing as above.

I agree with Kyle Animal Hospital's information sharing policy and (initial one):

_____ I agree as above to allow Kyle Animal Hospital to use photos and stories in social media as above

OR

_____ I prefer that no images, videos, or information be shared via social media

Signature

Financial Information

I understand that services provided by Kyle Animal Hospital are available only for monetary compensation. Kyle Animal Hospital is not affiliated with and does not receive financial assistance from any public, governmental, or taxpayer entity.

I understand that my approval for nonemergency procedures will be sought prior to specific services, and that an estimate of cost for such services will be provided to me. I agree that I or anyone else listed on this account may verbally authorize and will be financially responsible for further procedures beyond the initial estimate should they be deemed necessary by the doctors and/or staff of Kyle Animal Hospital. I agree to pay in full for services I have authorized, (including the initial examination/office call) and emergency services that may be needed if I cannot be contacted by cash, check, Scratchpay, CareCredit, or other credit card, at the time services are rendered, and that the owner(s) listed on account and I (if I am acting as agent for the owner) will be held criminally and civilly responsible for any unpaid services, theft of services/merchandise, dishonored payments, fees associated with dishonored payments, etc.

I agree that this contract establishes a consensual, special possessory lien on my pet and my pet may not be released until payment in full is made with one of the above options; furthermore that additional hospitalization, treatment, and other fees may apply if my pet stays past the release date for this or any other reason. I understand that my pet must be picked up, or other arrangements must be made, within 12 days of the date treatment has been completed or my pet will be considered abandoned, and I am responsible for any fees incurred up until this date. If for any reason my account is turned over to a collection agency, a bookkeeping fee of \$25 plus collection fees of 30% of the balance will be added to the balance due. I further agree that funds for dishonored payments (including dishonored check fees of \$30) may be electronically debited from my account. This agreement/contract is in effect for all pets on my account until and unless revoked in writing.

My preferred method of payment is (circle):

Cash Check Mastercard Visa American Express Discover
CareCredit Scratchpay

If you prefer CareCredit or Scratchpay, do you have a current account? Yes No N/A

I have pet insurance for my pet(s): No Yes (company): _____

Signature