

HAMPDEN FAMILY PET HOSPITAL

NEW CLIENT REGISTRATION

(Please complete entire page)

Today's Date _____

Last Name _____ First Name _____ Miss Ms. Mrs Mr. & Mrs. Mr. Dr.

Street Address _____ Apt # _____

City _____ ST _____ ZIP _____

Home phone _____ Work Phone _____ Best time to call _____ Home Work

Emergency phone _____ Cell Phone _____ FAX _____

EMAIL _____

Employer _____ Occupation _____ Drivers License _____

Co-Owner _____ Relationship _____ Co-Owner's phone _____

Previous veterinarian, where we can access previous medical records _____

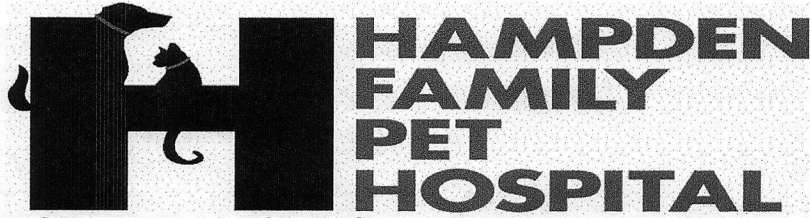
How did you first hear about us? Friend or Relative McCloud Yellow Pages
 Qwest Dex Large Book Driving by, saw sign
 Qwest Dex Small Area Other, please specify _____

If you were referred by a friend/relative, whom may we thank? _____

Pet Name	Sex	Species	Breed	Color	Date of Birth	Last Vaccinations
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other(below) _____				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other(below) _____				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other(below) _____				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other(below) _____				

Thank you for taking the time to complete this registration.

Payment is due when services are rendered.



HAMPDEN FAMILY PET HOSPITAL PAYMENT POLICY AND AGREEMENT

Thank you for choosing us as your pet's health care provider. Our intent is to give the best possible care for your pet. PLEASE READ THE FOLLOWING:

I authorize and permit Hampden Family Pet Hospital, P.C., its associates or designated assistants to prescribe, treat, and/or perform surgery on this pet. I further understand that no guarantee has been made as to the results or cure. I accept full financial responsibility and agree to pay all charges incurred, in full, at the time of services rendered or supplies distributed.

I understand that any account remaining unpaid will be charged a monthly interest rate of 1.74% (21% per annum) of the balance after the first 30 days. There will be an additional charge of \$10.00 for all accounts processed for the attorney.

I understand that all returned checks will be charged a \$27.50 handling fee. The full amount of any outstanding balance will be due in 15 days from written notice to prevent a civil action for three times the face amount of the check, but not less than one hundred dollars and that, in such civil action, the court may award court costs and reasonable attorney's fees.

Hampden Family Pet Hospital's appointment cancellation policy: For consideration of the staff and other animals in need of medical treatment, a 24 hours notice of cancellation must be given prior to the appointment or a \$45.00 charge will be assessed.

Hampden Family Pet Hospital's no show policy: For consideration of the staff and other animals in need of medical treatment, the client is allowed two (2) missed appointments without charge. Any additional missed appointment(s) will result in a \$55.00 exam charge.

It is your responsibility to obtain and submit a claim with your insurance company for reimbursement on services rendered at Hampden Family Pet Hospital, P.C.

SIGNATURE OF RESPONSIBLE PARTY:

Print Name

Pet's name

Signature

Date



Monthly Parasite Prevention Form

Roundworms and Hookworms are the most common intestinal parasite of pets and the most likely to be transmitted to humans. Humans can accidentally ingest infective worm eggs that have been passed through the pet's feces and left in the environment. The eggs can then hatch in the human's intestinal tract. The immature worms can travel to various tissues in the body, including the eyes and brain, potentially causing serious infections and even blindness. Children, women who are pregnant or any individual who is immunosuppressed are at increased risk.

The Companion Animal Parasite Council, and therefore this practice, recommends monthly parasite prevention and twice-yearly fecals for your pets. After reading the above statement regarding preventative care, please initial one of the following:

___ I choose to place my cats and/or dogs on monthly preventative care as recommended by my veterinarian.

___ I decline placing my cats and/or dogs on monthly preventative care and in doing so, I do not hold Hampden Family Pet Hospital, its doctors or staff liable for any zoonotic infections resulting from NOT placing my pet(s) on year-round preventative care.

Print Name: _____

Signature: _____

Date: _____

All Pets in Household: _____
