

**CLIENT INFORMATION**

Owner's Last Name \_\_\_\_\_ Owner's First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CELL Phone \_\_\_\_\_ HOME Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Spouse/CO-Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Employer \_\_\_\_\_ Spouse Employer Phone \_\_\_\_\_

**PET INFORMATION**

PET #1 Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Canine \_\_\_ Feline \_\_\_ Spayed \_\_\_ Neutered \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

PET #2 Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Canine \_\_\_ Feline \_\_\_ Spayed \_\_\_ Neutered \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

PET #3 Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Canine \_\_\_ Feline \_\_\_ Spayed \_\_\_ Neutered \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

**SOCIAL MEDIA/MARKETING PHOTOGRAPH RELEASE**

I grant, Rocky Mountain Animal Hospital, its representatives, and employees the right to take photographs of my pet(s), and to copyright, use and publish the same in print and/or electronically. I agree that Rocky Mountain Animal Hospital may use such photographs of my pet(s) with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and social media content.

%clientsignature%

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION and PAYMENT POLICY**

I authorize the veterinarian(s) at Rocky Mountain Animal Hospital to examine, prescribe for, or treat the above-described pet(s). I am the owner of the above-named pets, or I am acting as an agent for the owner, and accept full financial responsibility. I also assume responsibility for all charges incurred for the care of any and all pets brought to the hospital for care or treatment.

I understand and agree that **PAYMENT IS DUE AT TIME OF SERVICE**. I also understand that any charges incurred for services or boarding will be paid at the time of release and that a deposit may be required. If any amounts are unpaid, I agree to pay interest on all amounts due and owing under this agreement at the rate of 1.75% per month. Additionally, I agree to pay a \$5.00 service/statement fee that will be assessed per month, so long as a balance remains on my account. In the event that any amounts due and owing under this agreement are assigned to a collection agency for collection, I agree to pay a collection fee of 54% of the unpaid balance due under this agreement, plus the unpaid balance due. In the event that any amounts due and owing under this agreement are assigned to an attorney for collection, I agree to pay any and all reasonable attorney's fees and costs. Whether collection is referred to a collection agency or an attorney will be at the sole discretion of Rocky Mountain Animal Hospital. The failure of Rocky Mountain Animal Hospital to insist at any time upon the strict performance of any term of this agreement or to exercise any option, right, power or remedy contained in this agreement shall not be constructed as a waiver or a relinquishment thereof for the future.

%clientsignature%

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AFTER-HOURS CONSULT, CARE AND DAYTIME EMERGENCY SERVICES FOR YOUR PET**

Rocky Mountain Animal Hospital offers after-hours emergency access to its doctors for a client in good standing with the hospital. It does not generally offer this service for non-clients. **To ensure your pets are eligible for this kind of care in the future, please sign and read below.**

Emergency after-hours telephone calls are available to our current clients only. If you request a consult after hours, you will be charged a \$75.00 fee to speak to a doctor after normal business hours. If it is deemed necessary for your pet to come into the hospital, the \$75.00 will be put towards the regularly charged emergency fee and services.

In the event, your pet is considered to be in critical condition it may be necessary for a doctor to provide emergency services to stabilize your pet BEFORE they can give you an update or give you an estimate for costs and services. Lifesaving treatment or emergency services of any kind need to be aggressive to be successful, and as a result, can cost upwards of \$300-500 within the first 30-60 minutes. The doctor will explain the medical condition of your pet and the proposed regimen for treatment or surgery as soon as she is able to do so.

By signing below, you are authorizing Rocky Mountain Animal Hospital to perform emergency treatment on your pet IF YOU BRING YOUR PET ON AN EMERGENCY BASIS DURING REGULAR BUSINESS HOURS OR AFTER-HOURS IN THE FUTURE. You further agree that you are financially responsible for a minimum of \$300-500, if incurred, in emergency treatment and any additional treatment costs incurred after the doctor a doctor provides you with an estimate. Such estimate may be in writing or provided to you verbally. A good faith effort will be made to provide you with an estimate for any treatment or costs, but such an estimate may be more than initially expected, depending on the treatment required. You further agree to provide a deposit covering the minimum emergency treatment cost, if requested.

By signing below, you agree to the above policy. **If you do not sign below, NO after-hours emergency services will be provided to you or your pets.**

%clientsignature%

Signature: \_\_\_\_\_ Date: \_\_\_\_\_