

Returning Client with New Patient Form

Pumpkin Hill Veterinary Clinic

Byron, NY 14422

(585) 548-9097 pumpkinhillvet@gmail.com

To ensure the best care for pets and quality communication with owners, please provide the following:

*Are you a returning client? Yes No

Owner's Name* _____ (*owner must be 18 years or older)

Address _____ City _____ State _____ Zip _____

Home Phone (_____) — _____ Cell Phone* (_____) — _____ Accepts Texts? Yes No

Email* _____

(*communication means for alerts, recalls, confirmations & medical health reminders)

Spouse / Sig. Other: _____ Email: _____

Home Phone (_____) — _____ Cell Phone (_____) — _____ Accepts Texts? Yes No

Patient Name* _____ Species (circle one): Dog Cat Other

Breed: _____ Color: _____

Sex: _____ Spayed or Neutered? _____ Age: _____ Birth Date: _____

Vaccine Dates: (please provide paperwork for our records)

Dog: Rabies: _____ Distemper/Parvo: _____ Heartworm Test: _____

Cat: Rabies: _____ Distemper: _____ Leukemia: _____

Any known allergies? _____ Special diet or medications? _____

Appointment Scheduled? Date: _____ Time: _____ Reason for visit: _____

Have you taken your pet(s) to a Veterinarian before? (circle one): Yes No

If so, where? _____ If so, is there a reason for changing? _____

How did you hear about us / who referred you? _____

Will you consider seeing us for routine visits? (circle one): Yes No

*In signing below, I agree that the above information is true and accurate:

Signature of Owner or Responsible Party _____ Date _____

Printed Name of Owner or Responsible Party _____

Financial Agreement

Owner Name _____

All fees are due upon rendering of services. Please indicate your choice of payment method:

- | | | | |
|-------------------------------------|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check* | <input type="checkbox"/> Visa | <input type="checkbox"/> Care Credit |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover | <input type="checkbox"/> American Express | <input type="checkbox"/> Insurance |

*For check ID please provide your driver's license for photocopying

In bringing my pets to Pumpkin Hill Veterinary Clinic I understand the following:

(Please initial on the lines provided)

- I understand that with my signed consent I effectively authorize at the time of visit(s) all treatments performed by licensed staff.
- I assume financial responsibility for all charges incurred and agree to pay all such charges at the time medical care services are rendered or as arranged prior to examination and/or treatment of my animal(s).
- I understand that a \$300-\$350 deposit is required at the time of admittance for hospitalized animals.
- I understand that there may be an additional \$25.⁰⁰ fee for "walk-in service," without a prior scheduled appointment,
- I understand that the use of retractable leashes is prohibited as a form of pet restraint at PHVC and could result in serious legal liabilities for a pet owner.
- I understand that any balance over 14 days will be sent to a collection agency and further services will be prohibited.
- I understand that there will be an additional charge of \$35.⁰⁰ for all returned checks.

In signing below, I certify that I have read, understand and comply to agree with the above conditions. I also agree that the information I have provided above is accurate:

Signature of Owner or Responsible Party _____ Date _____

Printed Name of Owner or Responsible Party _____

Media Release and Pet Desk Statement

Media Release

Pumpkin Hill Veterinary Clinic is granted permission to use and/or publish my or my pet's photograph or image (including audio, film, digital image, or other media) for educational purposes on their respective websites or for the promotion of their supported products. I understand that I and my pets are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Pumpkin Hill Veterinary Clinic and all persons acting under their permission or authority from any and all claims of liability arising out of the use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

Signature of Owner or Responsible Party: _____

Date: _____

Printed Name of Owner or Responsible Party: _____

If you decline, please Sign Here: _____

PetDesk® Release Statement

Subscriber uses PetDesk® to manage client communications, vaccination reminders, appointment confirmations health alerts, product recalls, clinic alerts and product recommendations. You agree that we may share your name, pet's name, email address, address, and phone number with only PetDesk to facilitate this process. To learn more about PetDesk or their privacy policies please visit www.PetDesk.com or download their iOS or Android mobile applications.

Signature of Owner or Responsible Party: _____

Date: _____

Printed Name of Owner or Responsible Party: _____

If you decline, please Sign Here: _____