

Tail-end Vetcare

3528 NEWBURG ROAD, LOUISVILLE KY 40218

PHONE: 502-866-0065 FAX: 502-866-0066

WEBSITE: WWW.TAILENDVETCARE.COM

An Affordable care clinic 'fur' your best friend, from the tip of the nose to the tail end!

CLIENT INFO

PRIMARY OWNER'S NAME _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____

DATE OF BIRTH ____/____/____ EMAIL ADDRESS _____

DRIVERS LICENSE# _____ STATE OF DRIVERS LICENSE _____

EMPLOYER _____ OCCUPATION _____

WORK PHONE (_____) _____ - _____ EXTENSION _____

IF NECESSARY MAY WE CONTACT YOU AT WORK? YES NO

IN THE EVENT THAT YOU CANNOT BE REACHED BY PHONE, WHO WOULD YOU LIKE US TO CONTACT TO AUTHORIZE TREATMENT AND ASSOCIATED COSTS FOR YOUR PET?

EMERGENCY CONTACT _____

RELATION _____ PHONE (_____) _____ - _____

PET INFO

PETS NAME _____ BIRTHDATE ____ / ____ / ____

SEX (MALE / FEMALE) REPRODUCTIVE STATUS (INTACT / SPAYED / NEUTERED)

SPECIES (CANINE / FELINE) BREED _____ COLOR _____

PRIMARY / PREVIOUS VETERINARIAN (DOCTOR, HOSPITAL & LOCATION) _____

CURRENT MEDICATIONS _____

DOES YOUR PET HAVE ANY FEARS OR ANXIETIES? (MARK ALL THAT APPLY:) YES NO

- AFRAID OF MUZZLES AFRAID OF NEW PEOPLE AFRAID OF MEN OR WOMEN
- AVERSIVE TO TOUCH (FACE, EARS, BELLY, FEET, TAIL, ETC). DOES NOT LIKE NAIL TRIMS
- PHOBIA TO THUNDERSTORMS/FIREWORKS
- ANXIETY DIAGNOSED BY A VET: _____

HOW DOES YOUR PET RESPOND WHEN FEARFUL OR ANXIOUS? (MARK ALL THAT APPLY:)

- BITES SCRATCHES LUNGES TUCKS TAIL HIDES HISSES
- HOWLS URINATES/DEFECATES SHAKES BECOMES PROTECTIVE OF OWNER

KNOWN ALLERGIES (FOOD, MEDICATIONS, INSECTS, ETC) _____

HAS YOUR PET EXPERIENCED A VACCINE REACTION? YES NO

IF YES, WHICH VACCINE(S): _____

IS YOUR PET UP TO DATE ON THEIR RABIES VACCINE?

DATE OF LAST RABIES VACCINE ____ / ____ / ____ CIRCLE ONE: 1 YEAR / 3 YEAR VACCINE

IS YOUR PET CURRENTLY ON HEARTWORM AND FLEA PREVENTION? YES NO

NAME OF CURRENT HEARTWORM PREVENTION _____

NAME OF CURRENT FLEA & TICK PREVENTION _____

MEDIA RELEASE AUTHORIZATION

I AUTHORIZE TAIL-END VETCARE TO USE, REPRODUCE, AND/OR PUBLISH ALL PHOTOGRAPHS AND/OR VIDEO THAT MAY PERTAIN TO MY PET - INCLUDING MY PETS' IMAGE, LIKENESS AND/OR SOUND WITHOUT COMPENSATION. I UNDERSTAND THAT THIS MATERIAL MAY BE USED IN VARIOUS PUBLICATIONS, PUBLIC AFFAIRS RELEASES, RECRUITMENT MATERIALS, BROADCAST PUBLIC SERVICE ADVERTISING (PSA's) OR FOR OTHER RELATED ENDEAVORS. THIS MATERIAL MAY ALSO APPEAR ON TAIL-END VETCARE'S INTERNET WEB PAGE OR ITS OTHER SOCIAL MEDIA SITES. THIS AUTHORIZATION IS CONTINUOUS AND MAY ONLY BE WITHDRAWN BY MY SPECIFIC RESCISSION OF THIS AUTHORIZATION. CONSEQUENTLY, TAIL-END VETCARE MAY PUBLISH MATERIALS, USE MY PETS NAME, PHOTOGRAPH, AND/OR MAKE REFERENCE TO MY PET(S) IN ANY MANNER THAT TAIL-END VETCARE DEEMS APPROPRIATE IN ORDER TO PROMOTE/PUBLICIZE/EDUCATE SERVICE OPPORTUNITIES.

DECLINED_____ ACCEPTED_____

CLIENT AGREEMENT

I/WE HEREBY AUTHORIZE TAIL-END VETCARE AND ITS STAFF TO ADMINISTER ANY MEDICAL AND/OR SURGICAL PROCEDURES AS IS CONSIDERED THERAPEUTICALLY AND/OR DIAGNOSTICALLY NECESSARY. I/WE ALSO HEREBY RELEASE TAIL-END VETCARE AND ALL ITS ASSISTANTS, FROM ANY LIABILITY BY ANY REASON OF ANY ACT HEREIN ABOVE AUTHORIZED. I UNDERSTAND EVERY EFFORT WILL BE MADE TO ACHIEVE A SUCCESSFUL OUTCOME AND THAT TAIL-END VETCARE AND ALL OF ITS ASSISTANTS WILL PERFORM ALL POSSIBLE SAFETY PROCEDURES WHILE HANDLING MY PET(S).

PAYMENT TERMS: OUR PREFERRED METHODS OF PAYMENT INCLUDE: DEBIT AND CREDIT CARDS (VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER). WE ALSO ACCEPT CASH AND LMAS SPAY/NEUTER VOUCHERS. IN SIGNING THIS AGREEMENT, I ASSUME FULL FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED FOR THE CARE OF MY PET(S). I UNDERSTAND THAT PAYMENT FOR THE ENTIRE MEDICAL PLAN IS REQUIRED WHEN SERVICES ARE RENDERED, AND IF I FAIL TO PAY THE ENTIRE AMOUNT AT THE TIME SERVICES ARE RENDERED, THAT I AGREE TO PAY AND ALL REASONABLE COSTS OF COLLECTION IN THE EVENT THAT COLLECTION EFFORTS BECOME NECESSARY.

SIGNING BELOW INDICATES THAT YOU ARE THE OWNER OR RESPONSIBLE PARTY OF THE PET LISTED ON THIS FORM AND THAT YOU HAVE READ, UNDERSTOOD, AND ACCEPT THE CLIENT AGREEMENT AND PAYMENT TERMS LISTED ABOVE.

PRINTED NAME OF OWNER / RESPONSIBLE PARTY _____

SIGNATURE X _____ DATE ____ / ____ / ____

PRINTED NAME OF OWNER / RESPONSIBLE PARTY _____

SIGNATURE X _____ DATE ____ / ____ / ____