

Welcome to TLC Animal Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Name (Last, First) _____ Date _____
Driver's License # _____ D. O. B. _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Work Phone _____
Spouse or co-owner _____ Home Phone _____ Cell Phone _____
Notify in case of emergency _____ Phone Number (s) _____
How did you learn about our practice? _____

Pet Information

Pet's Name _____ (Please circle) Dog Cat Other _____
Age or Birth date _____ (months/years) Sex (Please circle): M F Spayed/Neutered: Yes No
Breed _____ Color _____ Diet (brand of pet food) _____
Where did you obtain this pet? _____ At what age? _____
Pet's history: Check all that pet has received and approximate date (s):
Dog: DHPP (Distemper & Parvo) Cat: Felovac (FVRCP)
 Rabies Leukemia
 Bordetella (kennel cough) Rabies
 Heartworm test FIV/FeLV test
Describe any: Prior illness _____
Prior surgery _____
Current medications _____
Reason for pet's visit: _____

Photo Release

By accepting all publication & release of any type of media taken of my pet(s) I am authorizing this veterinary practice's clinicians, employees and/or agents to use material such as photography, video & audio recordings for public education and promotional purposes. I understand that such material may be used in print media, brochures, official website and/or social media. I agree not to file any claim for revenue or lawsuit against this veterinary practice with respect to the release of this information. *Please initial on one of the following entries:*

I **ACCEPT** ALL TYPE OF MEDIA RELEASE: _____ I **DECLINE** ALL TYPE OF MEDIA RELEASE: _____

Payment

We will gladly prepare a written estimate of service fees if you desire (please ask a staff member). **All professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures where full payment may be difficult to discharge, we accept major credit cards, Care Credit & ScratchPay. There will be a service charge for any check returned unpaid. Our office visit charges are listed below, any diagnostics or treatments performed will be at an additional fee.

| | | |
|---------------------------------------------------------|--------------------------------|------|
| Comprehensive Exam Fee: \$65 (\$80 for <i>Exotics</i>) | Emergency/After business hours | \$95 |
| Vaccine Consultation Fee: \$50 | Medical Progress Exam Fee: | \$50 |

Please indicate your planned method of payment:

Cash Check Credit Card Care Credit ScratchPay

To prevent the spread of infectious diseases, all hospitalized, surgical, dental, grooming, and boarding patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of person responsible for pet(s) _____ Date _____