



SMALL ANIMAL MEDICINE & SURGERY

3200 Sherrills Ford Road
Salisbury, NC 28147
704-636-6613

NEW PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pet! To ensure the best care possible,
Please take the time to fill form out completely. Thank you!

Owner's Name: _____ Spouse/Partner: _____

Address: _____ City & Zip: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Spouse Cell Phone: _____

PREFERRED NUMBER TO CALL YOU: _____ **OK to Text? Y / N**

In the event of an emergency and we are unable to contact you, who should we call?

Name: _____ Phone: _____

List any other persons that may call or pick-up your pet(s) _____

	Pet(s) Name	Species (Cat/Dog)	Breed	Sex	Spayed or Neutered (yes/no)	Birthday/Age	Color
1.							
2.							
3.							

Please list any prior allergies, diseases, injuries, or surgical procedures (*include Pet Name*): _____

Consent for photo/video release: **Yes**____ **No** ____

(If checking yes: I give Small Animal Medicine & Surgery permission for any and all usage of my pet(s) picture(s) and video(s) to appear in website or social media postings (Facebook, Instagram), ads, displays, and other digital media. I also understand that there will be no compensation from Small Animal Medicine & Surgery for use of photos and videos now or in the future. I will make no monetary or other claim against Small Animal Medicine & Surgery for use of photos or videos.)

I have read/understand the hospitals aggressive animal policy (blue form found in lobby): **Yes**____

Owner's Signature: _____ **Date:** _____

Who may we thank for referring you? (How did you hear about us?) _____



CLIENT CONSENT FORM

Please read carefully

1. AGREEMENT OF FINANCIAL OBLIGATION:

Payment is due in full at the time services are rendered. We accept cash, check with proper I.D., Care Credit, American Express, Discover, Mastercard and Visa. We do not accept postdated checks. A service charge of \$25.00 will be charged for returned checks, and you will lose check privileges. Fee estimates will be given on request. Authorized persons who pick up animals must pay bill in full before animal will be released. Animals detained due to unpaid bill, charges will be ongoing until the bill is paid.

Clients are responsible for unexpected medical charges incurred while pets are hospitalized or boarding. If the need for unexpected medical care arises, attempt will be made by Small Animal Medicine & Surgery to inform clients of the status of their pet and additional anticipated charges. If owners cannot be reached, basic care will be provided and the owner will be responsible for charges.

2. STRAY & WILD ANIMALS:

Persons who bring lost, injured, unidentified stray animals to the hospital for care will assume financial responsibility. Fees for services will be paid at the time services are rendered. If animal is to be dropped off for care, a 50% deposit of estimated charges will be paid in advance.

3. ABANDONED ANIMALS:

Animals left at the hospital for more than 72 hours without owner communication will be considered abandoned. After proper notification, abandoned pets will be disposed of by the hospital by adoption, release to animal shelter or euthanasia. Abandoning a pet does not release the owner of financial obligations incurred while pet was at the hospital, including notification, legal fees and disposal fees.

4. NC VETERINARY MEDICAL BOARD REQUIRES:

A "Doctor – Client – Patient" relationship be maintained on all pets that require prescription items, such as, medications, dog foods, heartworm prevention or flea-tick products. Usually this involves, at minimum, a yearly physical examination of your pet by a veterinarian.

5. BOARDING/DAYCARE/HOSPITALIZED ANIMALS:

To prevent the spread of infectious diseases, all hospitalized 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.

(Unless the Doctor authorizes staff differently)

I have read the above consent form in full and agree to abide. I am over 18 years of age, and I am responsible for my pet's medical fees.

Signature: _____ **Date:** _____