



Gentle Care For Pets And Their People!
10195 Telephone Road, Ventura, CA 93004 (805) 647-8596



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted and provide excellent healthcare for your pet(s), please complete the following in full.

Primary Owner Information

Name:

Address:

City, State and Zip Code

Home phone:

Cell number:

Email:

Driver's License:

Place of Employment:

Co-Owner Information

Name:

Home phone:

Cell number:

Email:

Driver's License:

Place of Employment:

What is your appointments reminder preference?

Text ☐ Email ☐ Phone Call ☐

List authorized people that may help bring your pet(s) to The Animal Doctor. They must be 18 years of age or older.

| Name: | Phone Number: | Relationship: | Initial authorized person to make medical and financial decisions for my pet(s) |
|-------|---------------|---------------|---|
| | | | |
| | | | |

How did you hear about us?

Web Search ☐ The Animal Doctor Website ☐ Drove By ☐

Personal recommendation, whom may we thank for telling you about The Animal Doctor?

Pet(s) Information

If you have records please scan or take a screenshot and email them to us at: animaldoctorventura@yourvetdoc.com

| Name | Birthdate | Breed | Color | Gender | | Spayed/ Neutered | Microchip |
|--|-----------|-------|-------|-------------------------------|-------------------------------|--|-----------|
| | | | | M <input type="checkbox"/> | F <input type="checkbox"/> | Yes <input type="checkbox"/> NO <input type="checkbox"/> | |
| Who may we call for Records & vaccinations? | | | | | | | Phone: |
| | | | | M <input type="checkbox"/> | F <input type="checkbox"/> | Yes <input type="checkbox"/> NO <input type="checkbox"/> | |
| Who may we call for Records & vaccinations? | | | | | | | Phone: |
| | | | | M <input type="checkbox"/> | F <input type="checkbox"/> | Yes <input type="checkbox"/> NO <input type="checkbox"/> | |
| Who may we call for Records & vaccinations? | | | | | | | Phone: |



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Acknowledgement of Hospital Policies

General Policies:

All pets must be on leash or in a carrier for their safety.

For safety and liability purposes, our trained staff assist the doctors during your pet(s) exams and treatments.

When possible unvaccinated puppies should be carried and kept away from other pets during visits.

Initial:

Payment Policies:

I certify that I am the owner or duly authorized agent/representative of the pet(s) listed and that I am 18 years of age or older. To the best of my knowledge the information I have provided is correct. I understand that all fees are due and payable at the time services are rendered, and I agree to pay for those services. Payment may be made using Visa, MasterCard, Discover, American Express, Care Credit and Scratchpay as well as cash. **We do not except checks.** For hospitalized patients it is required to pay the low end of the medical plan at intake. I understand and agree that I will pay the maximum collection costs, court costs, and reasonable attorney fees associated with the collection of any unpaid balance.

Initial:

Cancellation and reschedule Policies:

We require at least 24-hours notice for cancelling or rescheduling any appointment. If you fail to give 24-hour notice you will be charged for the appointment. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. If you miss an appointment twice, future appointments will require you to prepay the examination fee. If you miss that appointment, or cancel less than 24 hours prior to the appointment, the fee will be forfeited.

Initial:

Vaccination Policies:

To lessen the spread of infectious disease and parasites, all in-patients, out-patients, boarders and grooming **pets must be current on Rabies vaccination, core vaccinations, and be free of all internal and external parasites.** If your pet is unprotected, we will advise you of what treatment is needed and provide these services as soon as your pet's health status allows. All boarding and grooming pets must be current before or at admission to the hospital. **I understand this to be the strict policy of the hospital and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed.**

Initial:

Photo and Media Release:

The Animal Doctor may take photos or video of me and/or my pet(s) during visits for publicity, marketing materials, advertising, website content and social media (Facebook, Instagram, Twitter and Website).

YES, I authorize The Animal Doctor to take and use photos or video of me and/or my pet for us as indicated above.

Initial:

NO, I do not authorize The Animal Doctor to take or use photos or video of me and /or my pet beyond medical record needs.

Initial:

I have read the acknowledgment and policies of The Animal Doctor and I authorize The Animal Doctor to provide medical care for my pet(s) as deemed necessary by our veterinarians.

Sign: _____

Date: _____



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Exotic Animal Treatment Consent Form

The doctors and staff of The Animal Doctor always strive to provide safe, painless, and stress-free handling for all the pets in our care, but exotic pets (birds, rabbits, guinea pigs, rodents) in particular can be extremely sensitive to stress. Even simple grooming procedures that require basic restraint may be so stressful for some exotic patients that it could result in death. Exotic pets are also known for instinctually trying to conceal any weakness or illness they may have as an automatic defense mechanism. This means that there may be no outward signs of underlying medical conditions which may increase the risk of handling these patients as well. We always consider the risks when recommending treatments for our patients, and want to make sure you are also informed. Please sign the form below which states that you are aware of the potential risks of treating exotic pets.

I, the owner/agent of _____, having read the above information, understand the potential risk to my exotic pet, and do hereby authorize The Animal Doctor (doctors and staff) to perform the requested/recommended procedures.

Signature of Owner/Agent _____

Date _____

Print name _____