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# Amelia Island Animal Hospital, Resort & Lodge

# CLIENT/ INFORMATION

## Thank you for the opportunity to care for your pet. Please help us do so better by filling out this form.

## **Date**:\_\_\_\_\_\_\_\_\_\_\_\_

### Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouses Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_**

**Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Name and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Copy of Driver’s License on File \_\_\_\_\_\_\_\_**

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND INTERNAL/EXTERNAL PARASITES, ANIMALS THAT ARE ADMITTED TO OUR HOSPITAL MUST BE CURRENT ON ALL VACCINES UNLESS BY DOCTOR’S AUTHORIZATION.** I authorize the doctor on duty to provide medical care, vaccines and parasite control for my pet. I give AIAH permission to video and photograph my pet. I understand that all **FEES ARE PAYABLE AS SERVICES ARE RENDERED AND DISCHARGED FROM HOSPITAL**. A deposit may be required for major procedures.

Owner’s Signature Date

AMELIA ISLAND ANIMAL HOSPITAL POLICIES

All animals must be on a leash or in a carrier when entering hospital. Pets must also be current on all vaccinations to board or be seen by a doctor. We will also request a copy of a current ID for our records.

1. Boarding Policies:

All animals need to be current on vaccinations. This includes Rabies, DHP-P, and Bordetella for dogs. FVRCP and Rabies vaccines are required for cats. Any animal boarding with us will require a post-board bath before going home.

1. Payment Policies:

All payment must be received upon services rendered. AIAH does not accept checks for less than $20.00 and will charge a $45.00 penalty for checks that do not clear.

1. Prescription Policies:

We request at least a 24 hour notice for medication refills. There is a $10.00 fee for prescriptions written for medications to be filled outside of AIAH. **Federal law prohibits AIAH from returning any medication regardless of whether or not it has been opened.** There is a $5.00 rush fee if no 24 hour notice is given.

1. Cancellation/Reschedule Policies:

If at any time you need to cancel or reschedule an appointment other than surgery, a 24 hour notice is required. If no notice is given before the 24 hours, a $25.00 appointment reschedule/cancellation fee will be added to your account. **All surgeries require a $50 non-refundable deposit.** If a surgery is reschedule without a **5 day notice**, unless cause is approved by management, the deposit will be used as a surgical reschedule/ cancellation fee. If the surgery is performed as scheduled the $50 goes towards the surgery.

Thank you very much for your cooperation.

AIAH Staff

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

NEW PATIENT INFORMATION:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat / Dog (circle) Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female (circle)

Please Provide Vaccine Record to Receptionist - Thank you

Previous/Current Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heartworm Prevention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flea Prevention\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any disorders/problems known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications:

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat / Dog (circle) Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female (circle)

Please Provide Vaccine Record to Receptionist - Thank you

Previous/Current Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heartworm Prevention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flea Prevention\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any disorders/problems known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: