



Office use only

Received by (initials): _____

Check-in time: _____

Department seen: _____

Client Pop-up Patient Pop-up

New Client Registration

Salutation: _____ Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Co-owner: _____

Emergency Contact: _____ Phone: _____

Employer: _____ Driver's license number: _____ State: _____ #: _____

Preferred Contact Method(s): Home / Cell / Work Residential Status: Full-Time / Seasonal / Visitor

New Patient Registration

Patient's Name: _____ Age or Date of Birth: _____ Species: Canine / Feline / Other

Sex: M / F Fixed: Yes / No / Unknown Breed: _____ Color: _____

Precautions to be aware of with your pet? _____ Current on rabies? Yes / No

Reason(s) for today's visit: _____

Primary Care Veterinarian

Doctor: _____ Hospital: _____

Secondary Veterinarian (if applicable)

Doctor: _____ Hospital: _____

Should my pet become unstable while under ASH's care and require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, positive pressure respiration, emergency drugs or other heroic interventions, I request or decline such medical intervention as indicated below. *Should you choose not to indicate a CPR directive, our medical staff will begin resuscitative efforts while attempting to contact you for further direction. You will be responsible for any and all fees incurred during our resuscitation attempt(s).*

- A. _____ REQUEST FOR CPR.** Having requested such emergency procedures, I understand and agree I am responsible for a minimum resuscitation fee of \$500.00 to pay for the services performed while staff members pursue treatment and attempt to reach me for further directions.
- B. _____ DECLINE CPR. DO NOT RESUSCITATE MY PET.**

Thank you for allowing us to care for your pet. In order to provide the highest standard of care for our patients, all fees are due at the time of service. For your convenience, ASH accepts cash, personal check or credit card (Visa, MC, Discover, AMEX & Care Credit). We charge a \$40.00 service fee for any returned check. We routinely provide written estimates for all hospitalized patients, and your medical care team will discuss that estimate with you prior to admission.

Client Signature _____ Date

Additional Guidance



ASH's marketing manager may want to post photos and/or videos of your pet and his/her progress on ASH's website and social media platforms, using discretion and your pet's first name only. Can we share his/her story if appropriate?

____ I **provide** my approval

____ I do **NOT provide** my approval

How did you hear about us?

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary Veterinarian | <input type="checkbox"/> Google / Yahoo / Bing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Previous Visit | <input type="checkbox"/> Event: _____ | <input type="checkbox"/> Publication / News Segment |
| <input type="checkbox"/> Word of Mouth / Friend / Family Member: _____ | | |

Payment Policy

To avoid any misunderstanding – and to acknowledge you received our payment policy – kindly read, initial and sign below before your pet's treatment. If you have questions, please contact our staff regarding this policy.

1. **Payment at Time of Service:** Payment is due in full at the time of services rendered. ASH accepts cash, check, Visa, MasterCard, Discover and American Express, but we do not offer payment plans. **Initial: _____**

2. **Deposits:** ASH requires a security deposit of the entire (100%) low-end estimate. The remainder of the invoice is due upon patient discharge. **Initial: _____**

3. **Estimates:** Estimates include items our staff will most likely require to treat and care for your pet during his/her treatment and hospitalization. Please understand the estimate is an approximation only. The final cost may vary from the estimate provided. Our team will make every effort to inform you of ongoing costs; however, it is your responsibility to ask a staff member for daily updates on your invoice. **Initial: _____**

4. **Alternative Finance Plans:** ASH offers an alternative payment option for our clients through Care Credit. ASH is in no way affiliated with this program or organization. If you choose to use this plan, the financial relationship is between you and the lender – not ASH. **Initial: _____**

5. **Pet Insurance:** ASH helps initiate necessary forms with your pet-insurance provider; however, ASH is not involved with insurance billing. Your insurance provider will reimburse you directly for your pet's charges. Clients are responsible for paying the normal deposit (see requirements listed in #2 above) prior to service and paying the bill in full upon discharge, as well as submitting their pets' claims. The insurance company is responsible for reimbursement to you directly per your pet's insurance agreement. **Initial: _____**

6. **Non-payment of Services:** Please know if you do not provide payment in full at the time of discharge, there will be ramifications – including, but not limited to, ASH sending your bill to collections. **Initial: _____**

I have read and understood the payment policy and consent for treatment at Animal Specialty Hospital of Florida.

The undersigned is presenting their pet for medical services at ASH and voluntarily consents to rendering of such care including diagnostic procedures and medical treatment.

Client Signature

Date