



Office use only.
Received by (initials):
Check-in time:
Department seen:

Welcome to Animal Specialty Hospital of Florida (ASH), and thank you for choosing us as your veterinary specialty care provider. Please complete the following two-page form so we may best serve you and your pet.

New Client Registration

Title: Last Name: First Name:
Mailing Address: City: Zip:
Home Phone: Cell Phone: Work Phone:
E-Mail Address: Additional Owner:
Emergency Contact: Phone:
Employer: Occupation:
Preferred Contact Method: () Home () Cell Phone () Work

For your protection and for verification purposes please provide your driver's license number:

State: #:

New Patient Registration

Patient's Name: Birthdate: Species: Canine / Feline / Other
Sex: M or F Spayed Neutered Breed: Color:
Precautions to be aware of with your pet? Current on rabies? Yes / No
Primary Veterinarian's Name:
Primary Veterinary Practice Name:

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:

- 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?

A. ____ I **provide** my approval

B. ____ I do **NOT provide** my approval

How did you hear about us?

€ Primary Veterinarian

€ Search Engine

€ Other: _____

€ Newspaper

€ Event: _____

Payment Policy

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

- 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:** _____
- Deposits:** ASH requires a security deposit of the entire (100%) low-end estimate. The remainder of the invoice is due upon patient discharge. **Initial:** _____
- 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:** _____
- Alternative Finance Plans:** ASH offers alternative payment options for our clients through Care Credit and Wells Fargo. ASH is in no way affiliated with these programs or these organizations. If you choose to use these plans, the financial relationship is between you and the lender – not ASH. **Initial:** _____
- 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:** _____
- 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