

Date: _____

Kiln Creek Animal Care Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to complete this information.

Owner's Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Spouse's Phone: _____ Spouse's Work: _____

In Case Of Emergency, Please Contact: _____

Telephone: _____

Kiln Creek Resident? _____

Who Can We Thank For Referring You To Our Hospital? _____

Payment Method: Cash Check Credit Card Care Credit

Reminder Method: Mail Email Text Message (Appointment Reminders Only)

We will gladly prepare an estimate if you desire, please ask the receptionist or the doctor. Full payment is due at the time services are rendered, no billing. A deposit may be required for surgery or hospitalization. Collection services/attorney fees will be levied on all unpaid balances as well as a finance charge of 18% per annum and a \$3.00 monthly billing charge.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to administer vaccines and parasite control as needed for my pet.

I have read and understand the above policies.

Signature: _____

Code of Virginia Amendment

§ 54.1-3806-1 Disclosure forms required.

Any animal medical care facility in the Commonwealth, excluding those facilities dealing with livestock as defined in §3.1-796.66, which does not provide continuous medical care for all animals left in its charge shall, before taking charge of an animal, provide the client or agent thereof with a disclosure form which specifies the hours and days when continuous medical care is not available by the facility. Such form shall be separate and apart from any other form or information provided by the facility. Except in emergency situations when time or circumstances do not permit, such facilities may take charge of an animal only after the client or agent thereof has signed the disclosure form and returned it to the facility. Only one signed form per client shall be required, and the form shall be kept on file by the facility.

Virginia Veterinary Disclosure Form

(Please read carefully before signing.)

Kiln Creek Animal Care is continuously staffed by medical, kennel, and business personnel during the following hours:

Monday – Friday: 7:30 AM to 6:00 PM

Saturday: 8:00 AM to 12:00 PM

Continuous staffing is not provided at other hours or in major holidays; however, medical and kennel staff are present on a non-continuous basis each day to provide the proper care for your pet. Patients requiring continuous monitoring and medical treatment (i.e. intensive care) at times of non-continuous staffing by this facility can be transferred by the owners or their agent to the Animal Emergency Center where after hours staffing is provided. Any expenses incurred at the Animal Emergency Center will be the responsibility of the owner and will be payable to the Animal Emergency Center.

I have read this form, and I am aware of the staffing hours.

Date: _____

Signature (Owner/Agent): _____

Kiln Creek Animal Care

PET INFORMATION

PET NAME: _____

SPECIES: FELINE _____ CANINE _____ OTHER _____

BREED: _____

COLOR: _____

DATE OF BIRTH: _____ SEX: _____

SPAYED (FEMALE): YES _____ NO _____

NEUTERED (MALE): YES _____ NO _____

IS YOUR PET CURRENTLY UP TO DATE ON VACCINES? YES _____ NO _____ UNKNOWN _____

IF YES, PLEASE PROVIDE NAME OF PREVIOUS VET CLINIC: _____

MICROCHIPPED: YES _____ NO _____ UNKNOWN _____ NUMBER: _____

Kiln Creek Animal Care

900 Brick Kiln BLVD, Newport News, VA 23602

Telephone: 757-886-1300

Photo Release Form

I grant Kiln Creek Animal Care, its representatives and employees the right to take photographs of me and my pet(s). I authorize Kiln Creek Animal Care, its assigns and transferees to copyright, use and publish the same in print as well as electronically.

I agree that Kiln Creek Animal Care may use these photographs of me and/or my pet(s) with or without my name for any lawful purpose, including use on Facebook, on the Kiln Creek Animal Care website, in AVI Mark, and in our clinic.

I have read and understand the above:

Pet's Name(s) _____

Signature _____

KCAC Appointment Cancellation/No- Show Policy

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled at least **1 hour** in advance.

Our veterinarians and staff want to be available to your needs and the needs of all our clients & patients. When a client does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we've always had a multiple no-show appointment policy, circumstances have caused us to enforce a policy of charging for no-show appointments, and those appointments not cancelled within 1 hour. **As of June 1st, 2019 there will be a fee of \$30.00 assessed if we do not receive a call to cancel an appointment within an hour of its scheduled time.**

Thank you for being a valued client and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all clients and patients.

Print Name: _____

Client Signature: _____

Date: _____