

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: \_\_\_\_\_

Owner's Birthday: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Only used when filling controlled drugs)

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: \_\_\_\_\_

## Fear Free Pre-Visit Questionnaire

As Fear Free Certified Professionals, we want to make your pet's veterinary experience as enjoyable and as stress-free as possible. As such, it's important for us to understand what your pet might find upsetting. The information will help us to adjust our care to better serve and comfort your pet. Please answer the following questions to the best of your ability so we can take into consideration both your and your pet's preferences.

Does your pet show any reluctance to getting into the carrier?      Yes       No

How and where does your pet travel in the car (e.g., carrier, seatbelt, loose, etc.)?

During travel to the veterinary hospital, does your pet show any of the following behaviors?

- Eager and Excited
- Reluctant
- Hide
- Drool
- Vomit
- Urine/BM
- Subdued
- Bark/Meow
- Whine
- Pant
- Tremble
- Pace
- Other

Does your pet prefer:

- Female veterinary professional
- It doesn't matter

Check any situations listed below that your pet has shown avoidance or dislike of in the past. You can add additional comments at the end.

- Getting in their carrier or the car
- Entering the veterinary hospital
- Other pets and / or people and animals in the waiting area
- Being approached by veterinary staff
- Getting on the scale for a weight
- Hearing the doorbell, overhead intercom, or phones ringing

- Sounds coming from the back areas of the practice
- Going into the exam room
- Being put on the table for examination
- Being taken out of the exam room for procedures
- Loud voices during examination
- Having a rectal temperature taken
- Having direct eye contact with the technicians and / or veterinarian
- The use of instruments such as the stethoscope or otoscope (to look in the ears)

**How would you describe your pet around other people?**

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**Does your pet have any sensitive areas that s/he does not like to have touched by you or others?**

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**Are there procedures your pet has not liked having performed at the veterinary hospital in the past or that seemed difficult for you or the staff to do (e.g., nail trims, weight, temperature, ear exam, blood draw)? If so, how did your pet react?**

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**What are your pet's favorite treats? (Please bring some to your next visit to our hospital)**

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**Does your pet like to play with toys? If so, what kinds?**

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**Has your pet been prescribed any supplements or medications to help with a visit to the veterinary hospital? If so, what was it and how what sort of results did you experience?**

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**Anything else you would like us to know?**

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# 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):** \_\_\_\_\_

## KCAC Appointment Cancellation/No- Show Policy

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. 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 canceled within the time frames outlined below.

### Appointment No Shows and Late Cancellations

For scheduled appointments, clients who **DO NOT** show up or give more than a 1-hour notice of cancellation of the scheduled appointment will be required to pay a no-show/late cancellation fee of \$78 prior to scheduling future appointments.

### New Client Exam Deposits

For new clients, an exam deposit of **\$78 is required at the time of scheduling an appointment**. The exam deposit is fully refundable if the client cancels prior to the 1-hour timeframe of their scheduled appointment. If a client cancels within 1-hour of the scheduled appointment or they simply **DO NOT** show up, the deposit renders payment towards our no-show/late cancellation policy, and another exam deposit of \$78 will have to be paid prior to scheduling future appointments.

### Surgery No Shows and Late Cancellations

For scheduled surgeries, we require at least a 48-hour notice prior to surgery cancellation. If a client cancels within 48 hours of their pet’s scheduled surgery, or simply **DO NOT** show up, a no-show/late cancellation fee of \$100 must be paid prior to scheduling any future appointments.

### Technician No Shows and Late Cancellations

For scheduled technician appointments, clients who **DO NOT** show up or give more than a 1-hour notice of cancellation of the scheduled technician appointment will be required to pay a no-show/late cancellation fee of \$29 prior to scheduling future appointments.

### Mobile Specialist No Shows and Late Cancellations

*For scheduled appointments with the mobile ultrasound specialists, clients who **DO NOT** show up or give more than a 24-hour notice of cancellation of the scheduled appointment will be required to pay a no-show/late cancellation fee of \$100 prior to scheduling future appointments.*

*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.*

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Owner/Agent): \_\_\_\_\_

## 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:

**Client (Owner) Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## 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: \_\_\_\_\_