

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?

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

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?

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

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

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?

Anything else you would like us to know?

KCAC Appointment Cancellation/No- Show Policy

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.

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: _____