

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: \_\_\_\_\_

# 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

## **Scheduled Doctor Appointment No Shows and Late Cancellations**

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 \$85.00 assessed if we do not receive a call to cancel an appointment within an hour of its scheduled time.**

## **Scheduled Technician Appointment No Shows and Late Cancellations**

All information for doctor appointment no shows and cancellations apply for technician appointments, however, the **no show and late cancellation fee will be \$26.00**

## **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.

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