



**Pharr Road Animal Hospital
New Client / New Pet Information**

Thank you for choosing Pharr Road Animal Hospital to serve you and take care of your pet.
Please take a few moments and complete all the information on this form.

Client Name: _____

Spouse/Other: _____

Address: _____ **APT/UNIT/SUITE #** _____

City: _____ **State:** _____ **Zip** _____

County: Fulton Dekalb **Other:** _____

Primary Phone Number : _____ **CELL** **HOME** **WORK**

Alternate Phone: _____ **CELL** **HOME** **WORK**

Spouse Phone: _____ **CELL** **HOME** **WORK**

Email: _____

Text Messaging: YES NO

If you were referred, please tell us your friend's name so we may personally thank them:

How did you hear about us?

Online Search

Personal Referral

Drive By

Social Media

School Program / Magazine

Residential Newsletter

Pet's Name: _____ **Birthdate or Age:** _____

Species: Canine Feline

Sex: Male Female

Microchip: Yes No

Spayed/Neutered: Yes No

Breed: _____

Color / Markings: _____

Current Medications: _____

Current Diet: _____

Location of previous medical records (Hospital Name, phone # or email):

Appointment Request

Reason for Appointment: _____

DVM Preference: _____ First Available

Dates / Times Requested: _____

Authorization Signature: _____ **Date:** _____



Pharr Road Animal Hospital COVID-19 Protocols - June 2020

INFORMATION REGARDING YOUR UPCOMING APPOINTMENT

We look forward to providing you and your family with the highest level of care and service. Please read and follow the following guidelines. The continued safety of our staff, our clients, and your pets remains our priority.

CHECK IN - Please remain in your vehicle and - call when you arrive.

You will be asked to confirm that you are asymptomatic, and have no known exposure to COVID-19. You may be asked additional screening questions.

You will be asked which numbered parking space you're in.

Confirm your contact number and hold for a technician to obtain medical information and consent.

Remain in your vehicle - with your pet - until our staff member approaches.

Then exit the vehicle and hand your pet off to our medical team.

DO NOT LEAVE OUR HOSPITAL DURING YOUR PET'S APPOINTMENT

We offer Drop Off Appointments if you are unable, or do not wish to wait in the parking lot.

Drop Off Appointments require electronic consent and must be arranged in advance.

Initial _____

CHECK OUT

Your veterinarian will call you back with exam findings and discharge instructions.

You will be placed on hold for our reception team to collect payment, schedule appointments, email documents and process paperwork related to your visit.

When your pet is returned- please exit your vehicle.

Our staff will hand your pet back to you for you to place in your vehicle. Please let us know if you need help getting your pet in or out of your vehicle.

Thank you and we look forward to seeing you soon!

I have read and agreed to the COVID-19 protocols included in this document.

Signature: _____ **Date:** _____



Pharr Road Animal Hospital Policies / Protocols - June 2020

I am the owner of this animal and hereby authorize the veterinarians at Pharr Road Animal Hospital to provide treatment(s) including examining, diagnosing, and prescribing medications in the best interest of my pet. I understand that a treatment plan is available upon request prior to my veterinarian performing any services.

Initial _____

I assume financial responsibility for any charges accrued while my pet is under the treatment of Pharr Road Animal Hospital, and understand that payment for all charges and fees are due at the time services are rendered.

Accounts that remain outstanding for more than ninety days may be inactivated and placed with our collection department.

Initial _____

Appointment Cancellation Policy

For appointments cancelled with less than twenty four hours notice, there may be a cancellation fee equal to the cost of a Physical Exam. Fee may be waived for rescheduled appointments.

Initial _____

Failed Appointment Policy

Failure to notify us that you will not keep your scheduled appointment may result in a Failed Appointment fee equal to the cost of a Physical Exam. Failed Surgical appointments may result in a fee of \$120. We may require a deposit, equal to the cost of a Physical Exam, to reschedule a failed appointment.

Initial _____

If you arrive more than 15 minutes late we may reschedule your appointment, ask you to drop off, or see you as a walk-in appointment. Walk-in appointments will see the first available doctor and are subject to an additional fee. We strongly encourage all of our clients to arrive 10 minutes prior to a scheduled appointment.

Initial _____

Third-Party Online Pharmacy Policy

Pharr Road Animal Hospital does not directly approve prescription requests received from third party / online pharmacies. This policy includes verbal and electronic approvals. We offer your pet's medications and diets through our online pharmacy <https://prahvet.vetsfirstchoice.com/>.

If you choose to have prescriptions filled by a third party or online pharmacy, you must request a written prescription and pick it up at our hospital. Please allow up to two business days to process requests, and note that some written prescriptions may take longer.

If you'd like us to mail the written prescription to you, please allow one week to receive the written RX, and additional time for the pharmacy to fill and ship your medication.

Initial _____

Client Communications Policy

We use technology based systems to help us best communicate with you and maintain the most comprehensive medical records for your pet. We use electronic documentation and consent whenever possible.

I agree to use email communications:

(or)

I am unable to use electronic communications:

Enable Text Message Communications Yes No

Initial _____

Image Release

I hereby authorize Pharr Road Animal Hospital to use photographs and/or video of my pet in publications, news releases, online, and in other communications related to the mission of Pharr Road Animal Hospital.

Yes

No

Initial _____

I have read and agreed to the policies in this document.

Authorization Signature: _____

Date: _____