**Client ID#\_\_\_\_\_\_**

**LEXINGTON ANIMAL HOSPITAL**

**New Client Information Form**  Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mrs.\_\_\_\_ Ms.\_\_\_\_\_ Mr.\_\_\_\_\_ Dr.\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact Information**

Mrs.\_\_\_\_ Ms.\_\_\_\_\_ Mr.\_\_\_\_\_ Dr.\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species (cat/dog):\_\_\_\_\_\_\_\_\_\_\_ Age/Birthday\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female\_\_\_ Spayed/Neutered:\_\_\_\_ Color\_\_\_\_\_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species (cat/dog):\_\_\_\_\_\_\_\_\_\_\_ Age/Birthday\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female\_\_\_ Spayed/Neutered:\_\_\_\_ Color\_\_\_\_\_\_\_\_\_

**Previous Veterinary Hospital/Clinic**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet ever had any reactions to vaccines or medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of food (brand) does your pet eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

\_\_Yellow Pages? \_\_ Newspaper? \_\_ Hospital Sign? \_\_ Website?      Facebook/Instagram?

Personal recommendation (whom can we thank)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Lexington Animal Hospital

28 Bones Place, Lexington, VA 24450

**FINANCIAL POLICY**

Thank you for choosing Lexington Animal Hospital. Our primary mission is to deliver quality veterinary care for your pet. An important part of our mission is to make the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Lexington Animal Hospital requires payment in full at the end of your pet’s examination and/or at the time of discharge

**Payment Options:**

You can choose from:

* Cash, check, VisaⓇ, MastercardⓇ, American ExpressⓇ, or Discover cardⓇ

We charge 1.5% interest on all outstanding account balances older than 30 days

**Scratchpay:** Our Scratchpay payment plans can help you finance your pet's care if unforeseen costs happen. There is no hard credit check to see which plans you qualify for. There are three plan types starting as low as 0% APR and spanning 3,12, or 24 months. Apply at Scratchpay.com or ask the front desk for more information.

**Wellness Plan:** Please ask one of our staff members for more information.

**Additional Policy Information:**

Lexington Animal Hospital charges $35 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Owner Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Owner Name (Please Print) Date

\*Subject to credit approval

*Thank you for joining us at Lexington Animal Hospital. We look forward to being your partner in your pet’s health care!*

**Patient Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photography Consent**

We adore our patients, and love to share photos and stories about the wonderful pets we see every day.

May we feature your pet, too?

*I hereby grant to Lexington Animal Hospital, its representatives and employees, the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.*

*I agree that Lexington Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.*

       I allow Lexington Animal Hospital to use images of my pet(s) and myself

        I allow Lexington Animal Hospital to use images of my pet(s) ONLY

        I do not wish for images of myself OR my pets to be shared.

Signature

**AUTHORIZATION FOR EMERGENCY CARE FOR ALL BOARDED PETS**

If one of your pets requires medical attention, we will attempt to contact you at the emergency number you have provided, regarding your pet’s symptoms, treatment options, and estimate of additional costs. However, if no one can be reached, it is understood that our medical staff is permitted to administer or perform such procedures as may be needed for the health of your pet.

**Please list Emergency Contacts below**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIRGINIA VETERINARY DISCLOSURE**

Lexington Animal Hospital has business and medical staffing hours as follows: Monday through Friday 8:00 am- 5:30 pm, and Saturday 8:00 am- 11:30 am, and closed Sundays and holidays.

Therefore, this is to inform you, that we have no in-house, on-duty continuous medical staff care: 1) Overnight- from closing time at 5:30 pm to opening time at 8:00 am, 2) Weekends- from closing time Saturday at 11:30 to opening Monday morning at 8:00 am, 3) Holidays- from closing time before a holiday at 5:30 pm to opening time the day after the holiday at 8:00 am, 4) Holidays falling on Monday- from closing time Saturday at 11:30 to opening time on Tuesday at 8:00 am.

Other hours are staffed as needed by the demand of emergencies, hospitalized animals, and critical care cases, and as deemed necessary by the Veterinarian-in-charge.

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

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_