BETTY BAUGH'S
ANIMAL CLINIC
"Where we treat your pets like our own"

Welcome to Our Clinic

Thank you for the opportunity to care for your pet

Client Information:

Owner's Name: _____ Phone: _____

Significant Other's Name: _____ Phone:_____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Pet Health History:

Pets Name: _____ AGE/DOB: _____

Breed: _____ Color: _____

Sex: M [ ] F [ ] Neutered/spayed Y [ ] N [ ]

Where can we reach out to for previous records: _____

Primary reason for visit: _____

Pets Name: _____ AGE/DOB: _____

Breed: _____ Color: _____

Sex: M [ ] F [ ] Neutered/spayed Y [ ] N [ ]

Where can we reach out to for previous records: _____

Primary reason for visit: _____

Authorization:

I allow Betty Baugh's Animal Clinic to share my pets photo's via social media Y [ ] N [ ]

Signature_____ Date: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the pet(s). I also understand that all professional fees are due at the time of services rendered.

Signature_____ Date: _____

Virginia Veterinary Disclosure Form

Please read carefully before signing

Betty Baugh's Animal Clinic is a full-service hospital providing a wide range of services including medical, surgical and dental care. Our Business and medical staffing hours are as follows:

- Monday through Friday 8:00 am to 6:00 pm
- Saturday 8:00am to 1:00pm
- No Sunday or Holiday hours

This disclosure form is to inform you that we have **no in-house, on duty continuous medical staff care**:

- Overnight, from closing time until opening time the next workday
- Weekends, from closing time on Saturday until opening on Monday morning
- Holidays, from closing time the day before the holiday until opening on the next work day

Twenty-four (24) hour veterinary care is available at several local emergency and specialty referral veterinary hospitals.

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

Signature_____ Date: _____

Policies

Payment:

We require full payment at the time that services are rendered. A verbal or written estimate of services will be provided prior to any procedures. In order to continue providing high-quality service utilizing the best medical technologies and staffing enthusiastic and skilled staff members, we are unable to bill or offer payment plans for your visit. In the case of an emergency, your pet will be stabilized before your medical options are presented.

If you have an outstanding balance, your account must be paid in full prior to scheduling for additional appointments, surgeries or providing prescription refills.

Betty Baugh's Animal Clinic accepts all major credit cards, cash, checks and care credit.

If for some reason payment is not collected at the time of the appointment, a late fee of $25.00 will be added to the invoice, monthly, up to three (3) consecutive months. After the 3rd month, the outstanding balance/invoice **will be sent to a collection's agency.**

Signature_____ Date: _____

Prescription refunds:

Any prescription medication that has let the building, regardless of whether or not it has been opened, CANNOT BE RETURNED. As all our medications are regulated by the Federal Drug Administration (FDA) we are subject to the same dispensing laws are human pharmacies.

Signature_____ Date: _____

No Show/Cancellation/Reschedule:

Once an appointment is scheduled, you will receive either an email, text or phone call reminder to confirm your appointment. If you need to reschedule or cancel an appointment, we ask that you do so at least 24 hours prior to your appointment. Providing adequate notice gives us the opportunity to fill that time slot for another pet that needs care. If you do not show to your appointment or cancel within that twenty- four (24) hour period you will be charged a $25 fee for the missed appointment. This fee must be paid before scheduling another appointment.

If you no show your appointment more than once you will be charged for a full exam fee of $74.99 and will be required to pre-pay for any future exams. We reserve the right to discharge the client for repeat no show offenders.

Signature_____ Date: _____

Surgery No Show:

A surgery "no-show" applies when a client misses a surgery appointment without providing twenty-four (24) hours prior notice of cancelling or rescheduling.

The first time this occurs we will call to offer a reschedule for surgery.

If it occurs a second time the client will be charged a $100 missed surgery fee, and required to place a $100 hold deposit when rescheduling. The deposit will be credited to cost of the surgical procedure.

If a 3rd missed surgical appointment occurs, the client will be charged an additional $100 missed surgery fee and we reserve the right to discharge the client from our practice.

Signature_____ Date: _____

Late Policy:

If you are more than ten (10) minutes late for your scheduled appointment, **you will be asked to reschedule your appointment**. It is at our discretion to require a $25 fee to reschedule your appointment.

Signature_____ Date: _____