## General Information



## Personal Information

Name:		
Address:		
	Cell phone:	
Work phone:	E-mail:	
How did you hear about us?_		
Co-Owner/Emerg	ency Information	
Name:	Relation:	
Address:		
	Cell phone:	
Work phone:	E-mail:	
Pet Information  Name:		
Gender:	Spayed/Neutered:	
Birthdate/Age:		
Breed:	Color:	
Name:		
Gender:	Spayed/Neutered:	
Birthdate/Age:		
Breed:	Color:	

# MapleShade Animal Hospital Admission Policies

Owner:			
<b>Current vaccinations</b> Every patient has the right to be protected from infectious and contagious disease. Therefore all patients must have current vaccinations. If vaccines are not on record and proof of vaccination is not provided, your pet will be vaccinated and you will be charged. Dogs take at least 4 days to develop immunity following vaccination with an intranasal Bordatella vaccine, therefore, if your pet is vaccinated upon admission, we cannot guarantee he/she will be fully protected from this highly contagious infection while here.			
Required vaccines for your dog: Distemper/Parvo, Rabies, Bordatella (kennel cough) Required vaccines for your cat: Distemper, Rabies			
The charges outlined above are in addition to the Office Visit/Exam charge.			
<b>Baths</b> Many dogs and cats will experience diarrhea associated with stress or separation anxiety. We feed a prescription brand bland diet to all of our patients to help reduce this occurrence; however, prescription medications may also be used, as deemed necessary by the attending veterinarian, to help alleviate your pet's symptoms. Additional baths will be given as appropriate and you will be charged.			
Parasites Every patient has the right to be free of external (fleas, ticks, and mites) and internal (worms) parasites. If your pet is infested, treatment will be prescribed as appropriate and you will be charged.			
<b>Personal Items</b> Every patient has the right to clean comfortable housing. If you choose to leave personal items we will put them with your pet. However, as pets will sometimes soil on their bedding and/or destroy their toys during periods of stress, we cannot be held responsible for the condition of these items upon their return. If personal items are left, they will be permanently labeled.			
<b>Emergency Authorization</b> I give authorization for any EMERGENCY treatment deemed by the attending veterinarian. (I understand every effort will be made to contact me prior to treatment.) I understand that you are to use every reasonable precaution against injury, escape, or destruction of the pet(s) that I place in your care, but you will not be held liable or responsible in any manner for injury, escape or destruction that occurs beyond your control.			
I have read the above conditions, understand and agree to them. If I neglect to pick up my pet within 14 days of the date I said I would, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as deemed necessary. I understand that this does NOT release me from the bill.			
Date: Signature:			

#### MapleShade Animal Hospital Payment and Credit Policy

The doctors and staff at MapleShade Animal Hospital strive to provide the utmost in quality care and service to our clients. We require payment in full when these services are rendered. Payment Options

- 1. Cash
- 2. Visa, MasterCard, Discover, American Express
- 3. Care Credit
- 4. Pet Insurance

deposit on the estimate is required.

We are now also offering Military Discount to ACTIVE Duty members only! Discount will be 10% when you present a valid military I.D. to the receptionist.

We encourage each new client to review the enclosed information on the Care Credit and Pet insurance options. These provide a very nice budgeting tool in the event of a serious illness or injury. Written estimates will be provided for all procedures. For first time clients and all emergencies, a 50%

Any bill not paid by the end of the month will incur a service charge of 1.5% per month (18% per year).

By signing this form, you are stating that you are at least 18 years of age and legally responsible for payment for each visit for each pet listed on the new client information sheet contained within this package of material. I agree to pay for all services in full when my pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances as outlined on the enclosed authorization forms.

#### **Emergency Policy**

The doctors at MapleShade Animal Hospital will see emergencies during normally scheduled office hours and at their discretion during off hours. It is in your pet's best interest to call before bringing him/her in if at all possible. This will allow the staff to triage your pet to best indicate if you should come in or if you should be referred to an emergency hospital.

If you are calling during off hours and the pet is obviously very critical, please call Springfield Emergency Hospital or Prince William Emergency Clinic at the number listed below.

Springfield Emergency Hospital: Prince William Emergency Clinic:		
	Client signature	
	Date	

### **Mapleshade Animal Hospital Disclosure of Hours**

Mapleshade staff is available during Office Hours for general services. Medical services are provided during Doctor Hours, *by appointment*.

Office Hours	
Monday – Friday	6:30am – 8pm
Saturday	6:30am – 2pm
Sunday	Closed
Doctor Hours	
Monday, Wednesday, Thurs	10am -8pm
Tuesday, Friday	9am – 6pm
Saturday	8am - 2pm
	Client Signature
	Date