



## Welcome to the Animal Hospital of Signal Mountain!

We know you have many choices when it comes to choosing a vet, and we are delighted you chose to trust us with your pet's wellness and healthcare!

The Animal Hospital of Signal Mountain has adopted policies and protocols to help ensure a clear understanding between us and our patients. Please review these policies and do not hesitate to ask us questions!

**Records Copy Policy:** We will be glad to print, email, or fax your records to the place of your choosing. It is our policy that, unless otherwise stated by the owner, we will share your pets records with other veterinary clinics and boarding facilities upon request.

**Radiography Policy:** We can make you a copy of your radiographs, upon request, for a \$6.25 fee. It is important to note that this disc is meant to be used with radiographic software only.

**Ultrasound Policy:** If you have an ultrasound appointment, please do not feed your pet after 11 pm the night before the appointment, and give no food the day of the appointment. Minimal water is allowed.

**Bloodwork and Lab Policy:** Depending on the type of test, you may be asked to take preliminary steps- These instructions will be given to you at the time the test is set up. Bloodwork, chemistry, and other lab test results can take from 2-14 days to return to us, at which time the doctor will review them on their next working day. The doctor will contact you when they have completed their analysis.

**Referrals:** While we offer many services at the Animal Hospital of Signal Mountain, certain services and specialties may be referred to a veterinary specialist or hospital. We have dedicated referral technicians who prepare and send the referral, medical history, lab work and x-rays prior to your visit at the referred hospital.

**Medications:** We carry many regularly utilized medications in house. Some human medications (veterinary approved) may be scripted to the pharmacy of your choice. Some may need to be compounded and will require additional time. If your pet is on a medication that we do not regularly carry in house, please give us at least a week's notice to get it filled. You may also be interested in our Grab n Go Program, or our online store. Refills may take up to 24 hours to process

**Food:** We carry many regularly utilized diets in house. If you are on a diet that we do not regularly carry in house, please give us at least a week's notice to special order it. You may also be interested in our Grab n Go Program, or our online store.

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### How did you hear about us? Please check and fill out any that apply!

- Friend/Family \_\_\_\_\_
- Social Media Instagram / Facebook
- Newspaper Ad
- Radio
- Event \_\_\_\_\_
- Google
- Other \_\_\_\_\_



# New Client Form / Update account information

*If you are updating account information, please fill out those changes which apply*

## Primary Contact Information

*\*Primary decision maker on the account- takes on financial responsibility for services rendered*

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Last 4 Digits of Social Security: \_\_\_\_\_ *(This is for identification purposes only- if you wish to decline providing this number, please have a valid driver's license available so we may store it on the account)*  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Secondary Contact Information

*\*This person can receive updates on patient(s), schedule/cancel appointments, and pick patient(s) up from the clinic.*

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Relationship to primary: Spouse  Relative  \_\_\_\_\_ Partner  Friend   
 Does this person have authority to make financial and medical care decisions? YES  NO

*\*If you choose not to list a secondary, no other party will have permission to schedule or cancel appointments of any sort. They will also not be able to receive information on the patient, nor make any updates or changes to the account in the event of a new phone number, new address, or new credit card on file.*

## In case of Emergency

Please call (someone other than the owner(s)): \_\_\_\_\_ Phone: \_\_\_\_\_

Please list names of individuals that only have **permission to pick-up** pets from this clinic. This list can be amended at any time by the primary. We will not release pets to anyone not listed below without authorization.

\_\_\_\_\_

How would you like to be reminded of Future due dates and appointments? Please select one:

( ) Phone Call ( ) Email\* ( ) Text Message ( ) Mail

\*By providing us with an e-mail address, you may receive at least one e-mail a month from our online store. If you would like to receive **only email reminders from the clinic** and not the online store, please check this box ( )

Signature of Primary: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Animal Hospital of Signal Mountain

## Patient Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Previous Veterinarian Clinic(s) \_\_\_\_\_

### **Patient #1:**

Name: \_\_\_\_\_ Canine or Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age or Birthday: \_\_\_\_\_ Male  Female  Spayed/Neutered? \_\_\_\_\_

Current Diet: \_\_\_\_\_

Current Flea/Tick/Heartworm medication(s) \_\_\_\_\_

Other Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

### **Patient #2:**

Name: \_\_\_\_\_ Canine or Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age or Birthday: \_\_\_\_\_ Male  Female  Spayed/Neutered? \_\_\_\_\_

Current Diet: \_\_\_\_\_

Current Flea/Tick/Heartworm medication(s) \_\_\_\_\_

Other Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**To help prevent the spread of infectious diseases, all patients who stay in-house must be current on all Vaccinations.**

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the next page and additional pets I present. If I neglect to pick up my animal within 5 days of the discharge date and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to dispose of my animal as you deem best and/or necessary.

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



# Animal Hospital of Signal Mountain

## Missed Appointment Policy

**Late for Appointment:** If you are more than 10 minutes late for your appointment, we may ask you to reschedule your appointment. If you are unable to reschedule, we will try to work you in to the existing schedule and you may have to wait an unknown period for the doctor to see you. It is our goal to see all patients that are sick on the same day, but you may be asked to drop your pet off.

**Type of Appointments:**

Medical appointments (exception appointments and rechecks with technician and drop offs)

Surgical appointments

Grooming appointments

**New Client Deposit:** New first time / first appointment clients

The deposit will be a set amount (changeable annually at rate increase, and based on the current exam charge), A medical appointment deposit of \$80.00 and surgical deposit of \$110.00, will be collected at the time of booking your appointment. This deposit will be used as a credit at the time of your visit. If you need to cancel, a call at least 24 hours prior to your visit will be necessary to receive a refund. You may also opt to leave it on your account and reschedule.

**Cancellation/No Show Fee:**

This Cancellation/No-Show Fee is a set amount of \$80.00 and will be collected in the following manner.

- Any client with a medical or surgical appointment that cancels 23 hours or less before their appointment time
- All No-Call No-Show medical and surgical appointments
- All rescheduled medical and surgical appointment will need to make a \$80 deposit and if that appointment is missed, the fee will be kept. If the appointment is kept, the fee will be used towards the appointment.
  - ↳ Rescheduled appointments must be made within the same month as the missed appointment OR within 5 days. We will attempt to make the appointment with the same doctor barring any scheduling conflicts.

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Client Name (print)

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Date

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Client Signature



# Animal Hospital of Signal Mountain Financial Policy

**Payment Policy:** Payment in full is expected at time of service. We offer estimates to help you understand what you will be expected to pay at the time of treatment. Estimates are the closest we can get service to what your cost MIGHT be. Please be aware you will be responsible for the complete balance after your appointment. We offer the following options for payment: Visa, MC, Discover, American Express, check, cash, and Care Credit financing.

**Paw Plans:** Paw Plans, our pet annual wellness plans, are not insurance but annual care plans that offer significant discounts on preventive services and allow you to spread the cost of care over 12 months. Read more about Paw Plans in the included brochures.

**Pet Insurance:** The Insurance plans we are familiar with work like this: you pay the charges for your visit in full, then submit your claim to then along with your itemized receipt. The insurance company then reimburses you for what is covered. We have brochures for the following:

Trupanion- [trupanion.com](http://trupanion.com)

Petplan- [gopetplan.com](http://gopetplan.com)

ASPCA- [aspcapetinsurance.com](http://aspcapetinsurance.com)

**Pre-Arranged Financial Agreement:** If a financial agreement for an outstanding balance has been agreed upon with the Financial Administrator, a written and signed copy will be provided to you and kept on file. By signing the payment agreement, you agree to pay the balance in full by the end of the agreed upon time. You also agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Your Signature below indicates that you fully understand the policies as outlined above.

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Client Name (print)

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Date

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Client Signature



# Animal Hospital of Signal Mountain

## AHSM Services

Allergy Consultation and Treatment: Skin & Ear

Pharmacy: in house or online

Blood Pressure Monitoring

Comprehensive Examinations & Vaccinations

Pet Wellness Plans

Euthanasia & Cremation Services

Boarding, Day-Care, Grooming, Retail

Dentistry: Dental Cleaning, Dental Treatments, X-rays, extractions, etc.

Diabetes Management

Diagnostic Procedures with In-House Laboratory

Dietary Consultation & Food

Endocrine/Metabolic Diseases

Geriatric Medicine

Orthopedic & Soft Tissue Surgery

Spay & Neuter Health Certificates for Travel

Police dog & working dog medicine

Parasite Prevention & Fecal Testing

Heartworm Prevention & Testing

Hospitalization/ emergency care

Text & Email Reminders

Radiology & Ultrasound

Specialist Referrals

Ultrasound

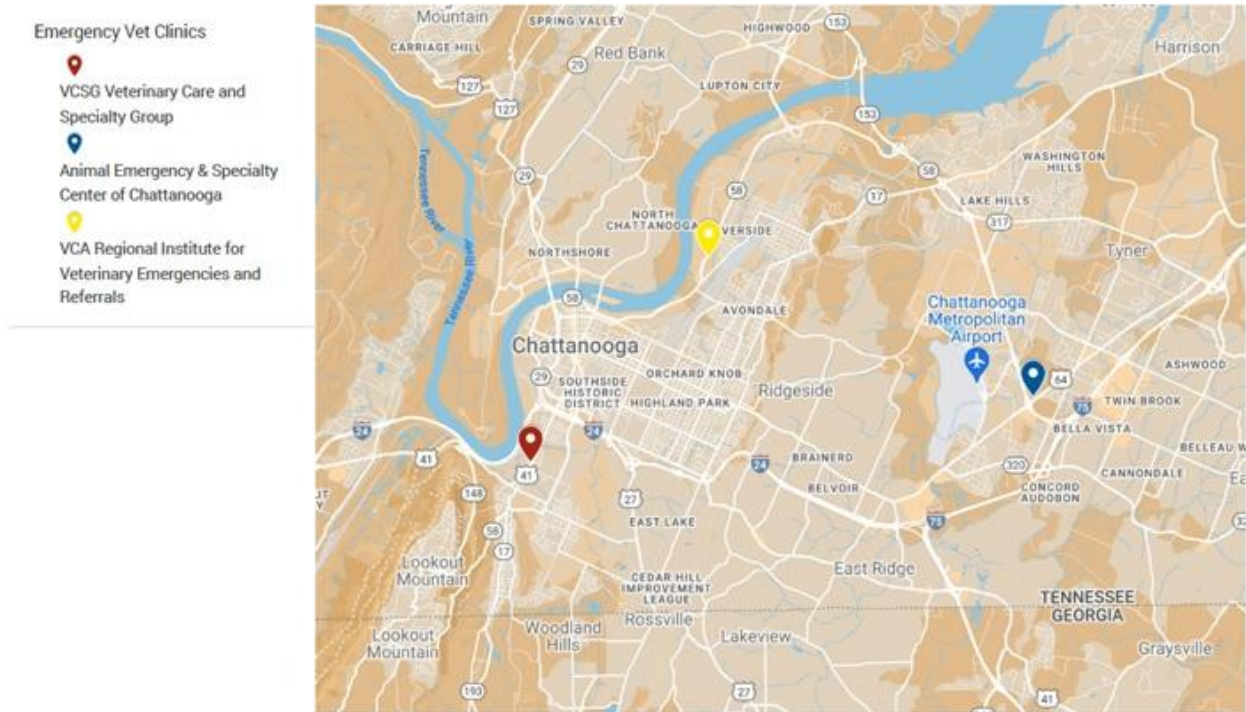
OFA + Penn Hip Certifications

BOAS Certification and Corrective Surgery

Online Appointment booking + Pet Portal App: order prescription refills, check vaccine due dates

# Emergency Clinics in the Chattanooga Area

## Emergency Clinics Chattanooga TN



VCA RIVER- Regional Institute for Veterinary Emergencies and Referrals

2132 Amnicola Highway

Chattanooga, TN 37406

423-698-4612

[www.vcariver.com](http://www.vcariver.com)

VCSG- Veterinary Care and Specialty Group

3201 Broad Street

Chattanooga, TN 37408

423-591-0270

[www.vcsgvets.com](http://www.vcsgvets.com)

AESC- Animal Emergency and Specialty Center

6393 Lee Highway

Chattanooga, TN 37421

423-822-8304

[www.ChattanoogaSpecialty.vet](http://www.ChattanoogaSpecialty.vet)

# Animal Hospital of Signal Mountain

## AHSM Hours

PLEASE NOTE WE ARE EASTERN TIME ZONE

### Normal Business Hours

- Monday-Friday 7:00am-8:00pm
- Saturday 7:30am-3:00pm

### Boarding\*\*

- Monday-Friday Drop-off & Pick-up- 8:00am-5:00pm.
- Saturday Drop-off & Pick-up 9:00am-2:00pm
- Sunday Pick-up ONLY- 8:00am-10:00am \*

*\*this is ONLY by appointment, you must have a credit card stored on file and there will be an additional convenience charge for this service*

*\*\*Drop-offs & Pick-ups between 7am-8am or 5pm-6pm Mon-Fri, 8am-9am or 2pm-3pm on Saturday, will incur an early/late charge (\$16), as this is when kennels needs to concentrate on their guests the most. Kennels leaves at 6pm Mon-Fri and 3pm on Sat, no pick-ups or drop-offs after these times*

### Grooming

- Monday-Friday Drop-off between 7:00am-8:00am
- Saturday Drop-off between 8:00am-9:00am

### Surgery

- Monday-Thursday Drop-off between 7:00am-8:00am

### Scheduled Drop-offs

- Monday-Friday- please drop off between 7:00am-4:00pm unless otherwise specified through text message or call
- Saturday- please drop off between 8:00am-11:00am unless otherwise specified through text message or call

### Walk-ins

Now until February 2026 we will be accepting walk-ins from 10:00am-5:00pm Monday thru Friday. A walk-in may be an annual or sick appointment. If the walk-in is an emergency then an emergency exam fee will be applied.

\*No technician appointments may be a walk-in. examples are nail trims or anal glands

\* No Saturdays