



Client/Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

PLEASE FILL OUT ALL INFORMATION

CLIENT INFORMATION

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ St _____ Zip _____

Home Ph. _____ Cell Ph. _____ Email _____

Place of Employment _____ Wk Ph. _____

Spouse/Co-Owner's Name _____ Cell Ph. _____ Wk Ph. _____

Emergency contact Name _____ Ph. _____

(Friend or relative, will only contact in case you are out of town and unable to contact)

Friend referral, who can we thank? Name _____

Do you have records at our May North Location? (McFarland) YES / NO

ALL FEES ARE DUE AT TIME OF SERVICE

PATIENT INFORMATION

Pet's Name _____ Species (Please circle)> Canine Feline

Breed _____ Color _____ Date of Birth _____

Sex (please circle) Male Intact Female Intact Male Neutered Female Spayed

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your Pet on any special diets or medications? _____

To prevent the spread of infectious diseases and parasite, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites.

Scheduling an appointment guarantees the Doctor will see your Pet. We welcome walk-ins, however scheduled appointments hold priority (unless deemed an emergency) and there should be an expected **minimum wait-time of 45 minutes**. If staffing is not available to provide adequate care to non-scheduled patients, we will offer recommendations to have your pet seen elsewhere.

We kindly request that if you are not able to make an appointment that you cancel 24 to 48 hours before scheduled time. **All no shows will have a \$30.00 fee added to your account.**

Professional fees are due at time of service. In the event an account is turned over for collection, the owner or person responsible for the account agrees to pay the attorney's fee, court costs and any other costs of collections.

Signature _____ Date _____

VET SERVICES WAIVER AND RELEASE OF LIABILITY

THIS AGREEMENT is entered into by and between NVA May Veterinary Northridge and _____ (“Owner”):

1. By enrolling this above named and described animal(s), I represent that I am the legal owner of the named animal(s) and I assume all risks, dangers, and responsibility for injuries to the named animal(s) during wait-times, appointments, drop-off’s and procedures. _____(initials)
2. _____ During appointments, drop-offs, or procedures on puppies, seniors, chronically ill or otherwise debilitated animal(s) our caring and trained staff take extra precautions to ensure the safety and well-being of these animal(s). However, special-needs animal(s), puppies/kittens and senior animal(s) naturally have a higher risk of injury, stress-related illness, or exacerbation of any preexisting conditions. As such, by scheduling your special-needs animal(s), puppy/kitten or senior animal(s) with us, the owner understands and agrees that the staff will not be held liable for injuries or illness related to the conditions listed above that your animal(s) may succumb to while in our care that is not directly caused by negligence or lack of care on the part of our staff. _____(initials)
3. Owner understands and agrees that during appointments, drop-off’s, and procedures, any animal displaying aggressive behavior that is not safe for doctor or staff to interact with, will be offered alternative means for restraint. Owner understands and agrees to discuss alternative means with veterinarian and assumes full financial responsibility to additional treatments needed for staff’s safety. _____(initials)
4. **All animals must be PROPERLY restrained while on property at May Veterinary Northridge.** Cats must be kept in a cat carrier that should remain closed until you are instructed by your vet staff to do so in an exam room. Dogs must remain leashed and at the owners side and should not be allowed to greet other animals in or outside of the hospital. Any animal not properly restrained will be asked to wait in the car. Owner understands and agrees to assume full responsibility for any injuries, illness, escape or death of their animal(s) if they fail to keep their animal(s) properly restrained while on property at May Veterinary Northridge. _____(initials)
5. Owner further understands and agrees that neither staff nor volunteers will be liable for any illness, injury, death and /or escape of Owner’s animal(s) provided that reasonable care and precautions are followed. Owner hereby releases all staff and volunteers of any liability arising from or as a result of Owner’s animal(s) receiving treatment at May Veterinary Northridge. _____(initials)

6. Owner further understands and agrees that any behavioral or physical health problems that develop with the owner's animal(s) while at May Veterinary Northridge will be handled and treated as deemed best by the veterinarians and staff, in their sole discretion, and owner expressly agrees to assume full financial responsibility for any and all expenses arising or relating there to. This includes aggressive or destructive behavior. _____ (initials)
7. **Owner further understands and agrees that Owner's animal(S) is healthy and will at all times, while attending Daycare/Boarding/Drop off have current vaccinations.** Owner must provide proof of vaccination at the time of appointment. Owner is not enrolling any animal in Daycare/Boarding/drop off that has any condition that could potentially jeopardize the health of other dogs or people and has not had any potentially communicable condition within 30 days prior to enrollment. Owners further understands that even if Owner's animal is vaccinated for Bordatella (Kennel Cough) there is a chance that Owner's animal can still contract Kennel Cough. I agree that I will NOT hold May Veterinary responsible if Owner's animal contracts Kennel Cough _____ (initials)
8. Owner further understands and agrees that if owner's animal(s) is/are not picked up by end of the May Veterinary Northridge regular business day, **staff will NOT stay to accommodate a late pickup.** owner hereby expressly authorizes staff to take whatever action is deemed necessary for the continuing care of the owner's animal(s) and owner agrees to assume full financial responsibility for continuing such care upon demand by May Veterinary Northridge. _____ (initials)
9. Owner understands and agrees that payment is due at the time of services. May Veterinary Northridge does not currently offer payment plans or accept CareCredit, but we may in the future. All treatment plans offered by our veterinarians to the owner are suggested medical treatments and can be discussed for financial concerns. Owners understand and agree to assume full financial responsibility for the treatment plan the owner has approved for their animal(s) _____ (initials)
10. I grant May Veterinary Northridge permission to take photographs of my animal(s) and/or myself, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my animal's name and/or my name. _____ (Initials)

11. The staff of May Veterinary strive to accommodate every client and animal's needs. Clients understand and agree to treat every staff member with kindness. If behavior is rude, demanding or argumentative it may warrant termination of relationship with our practice. _____ (initials)

12. _____ Owner further understands and expressly agrees that each and every one of the foregoing provisions containing in Paragraphs 1-11 above shall be in force and effect and shall apply to each and every occasion on which owner scheduled owner's animal(s) with May Veterinary Northridge as the case may be. This Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded by a writing signed by the parties. _____ (initials)

Owner hereby certifies that Owner has read and understands this Waiver and Release of Liability and the regulations set forth above. By signing this agreement, Owner agrees to be bound by its terms and conditions.

Pet Parent

Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____