



WELCOME TO PALMETTO ANIMAL CLINIC

*The veterinarians and staff of Palmetto Animal Clinic are glad to have the opportunity to care for your pet.
To ensure your pet gets the best care we can offer, please fill out this form completely.*

Client Information:

Owner's Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____ County: Dade, Broward, Monroe (circle)

Email address: _____

Phone number: (____) _____

Pet Information :

Pet Name: _____ Species - Dog or Cat

Birth Date or Age: _____ Gender - Male or Female

Breed: _____ Neutered/Spayed - Yes or No

Color: _____ Reason for this visit? _____

How did you hear about us?

- Referral from friend Name: _____ (so we can say Thank You!)
- Sign or drive by
- Social media: ___ Google ___ Instagram ___ Facebook ___ Website
- AAHA

*I am authorizing the Veterinarian to examine, prescribe, or treat the above-described pet. I assume responsibility for all charges incurred in the care of my pet(s). **I also understand that all professional fees are due at the time services are rendered.***

***Photo/Video Release:** I grant Palmetto Animal Clinic, its representatives, and employees the right to take photographs/videos of my pet for the sole purpose of identifying the pet for its medical records. I agree that Palmetto Animal Clinic may use such photographs/videos of my pet for any lawful purpose, including, for example, such purposes as publicity, illustration, and social media.*

_____ (YES) - The above may take photos/videos of my pet

_____ (NO) - The above may **NOT** take photos/videos of my pet

Signature of responsible party: _____

Financial Policy

A 100% deposit is required prior to hospitalization or surgery. Hospital accounts must be kept current throughout the period of hospitalization. ALL CHARGES ARE DUE PRIOR TO THE RELEASE OF YOUR PET. PAYMENT PLANS AND DELAYED BILLING ARE NOT AVAILABLE.

Abandoned Pets

If you do not pick up your pet within 5 days of its release date, your pet will be considered “abandoned”. Your pet will be transferred to Miami Dade Animal Services for adoption and any contact information needed for the officers managing the case will be provided. You will be billed for treatments and boarding incurred up to the date you pick up the pet.

Policy Concerning Unpaid Bills

Your total bill, attorney’s fees, and court costs, plus collection fees will be turned over to a national collection agency and reported to the appropriate credit bureaus to be placed on your credit score.

Authorization

I have read and understand the above-mentioned policies and request treatment of my pet in accordance with these policies. I assume financial responsibility for all charges incurred to this patient or any other patients I bring in the future. I agree to pay all costs of collection, reasonable attorneys, and court costs in the event of non-payment.

Conduct Policy

Here at Palmetto Animal Clinic, we will treat you with courtesy and respect and expect that all our staff will be treated with courtesy and respect as well. We need to keep an open communication between you, the pet owner, and our staff always regarding diagnosis, treatment plans, prognosis, estimates to care for your pet, test results, billing, and anything else that is needed.

In any medical field, communication is critical and even when a pet is given the best possible medical care, miscommunication can lead to dissatisfaction, and to avoid this we have implemented the following policies:

- Please provide us with a telephone number where we can always reach you.
- We need one family member to be the spokesperson for the family. Having multiple family members calling the clinic over the same issues is not efficient and often leads to miscommunication as each person may interpret what is said differently. To minimize this, we ask that the doctor and staff communicate principally with one designated family member.
- Please do not send children or teenagers to the office under the age of eighteen (18) for appointments or for administrative purposes. They are welcome to come with their parents to the appointments. Medical updates will be given to the designated person on file.
- We will only release pets and discuss billing matters with the responsible signatory on file.
- We reserve the right to refuse services to anyone who is verbally abusive or belligerent to any of our staff and/or doctors.

Clinic Policies

Medical Records Release

By Florida law, medical records are the property of the clinic. Clients requesting medical records will receive copies of those records within 24 hours via client pick up, or email. X-rays will be provided by email within 24 hours of the request

Prescription Request

Will be filled within 24 hours of the request once the doctor has approved the refill. Any prescriptions that are incorrect will not be approved. It will be the responsibility of the pharmacy to correct and resend the proper prescription request. We are not responsible for delays in approving these prescriptions as many pharmacies will continually send prescription requests with errors.

Refunds, Financial & Policy Issues

Any questions or concerns about financial policies or general management questions can be directed to our Administrator / Practice Manager. Please call and request to discuss your matter. Financial policies and other financial matters are not managed by our doctors, and they do not have authority in these matters.

Estimates

Estimates are given as a courtesy to our clients to understand treatment from a medical and financial perspective. Estimates are subject to change and the clinic reserves the right to change treatment on the signed estimate while staying within the dollar amount of the estimate, give or take 10%.

Phone Calls

All phone calls, inbound and outbound, are automatically recorded for record-keeping, quality assurance, and training purposes.

Acknowledgement

I understand and agree to the terms and policies stated above.

Client Name

Client Signature

Date