

# MONROE COUNTY HUMANE ASSOCIATION NONPROFIT VETERINARY CLINIC & OUTREACH CENTER

## NEW CLIENT & PATIENT REGISTRATION FORM

Please, one form per pet.

Today's Date \_\_\_\_\_ Appointment @ \_\_\_\_\_

Guardian/Owner Name \_\_\_\_\_

Co-Guardian/Owner Name (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I participate in assistance or benefit programs or meet income qualifications for subsidized services*

**Yes      No      I don't know**

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about this clinic? \_\_\_\_\_

Pet Name \_\_\_\_\_ Age \_\_\_\_\_ **DOG    CAT**

Breed(s) \_\_\_\_\_ **MALE    FEMALE**

Spayed/Neutered/Fixed? **YES/NO** If no, are you interested in an assistance voucher? **YES / NO**

Color(s) \_\_\_\_\_ How long have you had this pet? \_\_\_\_\_

Where does your pet stay? **INSIDE    OUTSIDE    BOTH**

Has your pet seen a Veterinarian before? **YES / NO** If yes, where? \_\_\_\_\_

Date of last vaccines, if known \_\_\_\_\_

Has your pet ever had a reaction to vaccines, injections, or medications? **YES / NO / UNKNOWN**

**Initial:** \_\_\_\_\_ I hereby release Monroe County Humane Association, the veterinarians, veterinary assistants, and all of its officers, directors, employees, and members of its staff and volunteers from any and all claims arising out of, or connected with, giving vaccinations, injections, clinic services, or care. Pets must be in good health to receive vaccinations. There are a small percentage of pets that will have an allergic reaction. Please advise the veterinarian if your pet has had a previous allergic reaction. I hereby authorize the veterinarians at MCHA and their assistants to examine and/or perform procedures they deem necessary for my animals. These procedures include, but are not limited to, transport as necessary, the administration and maintenance of anesthesia, and the performance of surgery or any treatment deemed necessary by the attending veterinarian. I acknowledge and understand that there are risks involved in handling animals and in their medical treatment. I further acknowledge that there is no guarantee as to the result of any treatment made by MCHA. I agree to hold MCHA, and all associates, harmless in the event of unforeseen incidents while my animal is under the care of MCHA. I understand and agree that MCHA does not accept or assume liability for accident, escape, injury or death of my animal at any time. I understand that the Monroe County Humane Association may use my pet's name, likeness, story, or photos/videos for educational and promotional purposes.

### **NO SHOW POLICY:**

If you are a subsidized client and you reach 3 or more no shows, you will be at risk of losing your subsidized rates due to excessive no shows. You will be notified if and when a decision to revoke subsidized rates has been decided. If you are NOT a subsidized client (meaning you don't qualify for subsidized rates), there will be a No Show Fee per appointment marked as a no show (\$45.00 for a doctor's exam, \$20.00 for a recheck exam or a technician appointment, \$30.00 for a training session or a grooming appointment). A no show is defined as missing an appointment without any notice or canceling/rescheduling within 24 hours of an appointment.

Please initial one of the following options:

\_\_\_ I am the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years.

\_\_\_ I am the legal representative of the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years.

**By signing below, I understand that payment is required at the time of service.**

Client/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_