



BRIGADOON ANIMAL HOSPITAL

New Client Form

Owner Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____

Street Address Apt/Unit #

City State Zip Code

Phone: _____ (Cell / Home/ Work) Please circle one

Secondary Phone: _____ (Cell/ Home / Work) Please circle one

Email: _____

Other Responsible Party: _____
Last First M..I.

Other Responsible Party Phone Number: _____

Other Responsible Party Relationship: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

How did you find out about us?

Facebook ☐ Review Site ☐ Location/Sign ☐ Word of Mouth ☐ Google/Bing ☐

Referral: _____ Other: _____

Pet Information

Pet's Name: _____ Species: Canine ☐ Feline ☐

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____

Sex: Male ☐ Neutered Male ☐ Female ☐ Spayed Female ☐

Allergies: _____

Additional Pet(s) Information

Pet's Name: _____ Species: Canine ☐ Feline ☐

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____

Sex: Male ☐ Neutered Male ☐ Female ☐ Spayed Female ☐

Allergies: _____

Pet's Name: _____ Species: Canine ☐ Feline ☐

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____

Sex: Male ☐ Neutered Male ☐ Female ☐ Spayed Female ☐

Allergies: _____

Pet's Name: _____ Species: Canine ☐ Feline ☐

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____

Sex: Male ☐ Neutered Male ☐ Female ☐ Spayed Female ☐

Allergies: _____

Pet's Name: _____ Species: Canine ☐ Feline ☐

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____

Sex: Male ☐ Neutered Male ☐ Female ☐ Spayed Female ☐

Allergies: _____

Policies

TREATMENT/FINANCIAL CONSENT: I hereby authorize the veterinarian to examine, prescribe, for or treat the current pet(s). I or the Other Responsible Party assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The staff at Brigadoon Animal Hospital are happy to provide estimates. We take payment in Cash, Credit Cards, Debit Cards, and Care Credit.

☐ By checking, I understand the above treatment consent information and agree to all conditions.

CANCELLATION POLICY: When you book your appointment, you are holding a space on our calendar that is no longer available to our other patients. In order to be respectful of your fellow patients, please call Brigadoon Animal Hospital as soon as you know that you will not be able to make your appointment.

How to Cancel Your Appointment: If you need to cancel your appointment, please call us at 252-393-6581 during normal business hours or email us at brigadoonanimalhospital@gmail.com. We will get back to you as soon as possible.

No-Show: A no-show is when a patient misses an appointment without canceling or rescheduling. We require 24 hours notice or you can notify us in the event of an emergency. We will charge the patient a \$25 missed appointment fee. For surgeries we require a 48 hour notice or we will charge the patient a \$50 missed surgery fee.

Late Arrival to Appointment(s): Situations happen and the staff at Brigadoon Animal Hospital understand. To keep our doctors on time for our other clients/patients, we ask that you call or email to reschedule if you are going to be more than 15 minutes late to your appointment.

☐ By checking, I have read and acknowledged the cancellation policy.

PHARMACY REFILL POLICY: We do have a 24-48 hours (business day) refill policy on all in-house prescriptions. This is to ensure we have enough of the medication in stock, our staff can check for accuracy, and the attending doctor is able to approve the prescription if needed.

☐ By checking, I have read and acknowledged the pharmacy refill policy.

PHOTO CONSENT: We love our patients and love to share their progress through social media. Do we have your permission to share your pet(s)' image and story on social media,

our website & other forms of social media? Your name and personal information will never be shared. Simply check below to authorize:

- ☐ YES, I authorize Brigadoon Animal Hospital to share my pet's photo(s) and story!
- ☐ NO, I DO NOT authorize Brigadoon Animal Hospital to use my pet's photo(s) on any social media or publication.

CONDUCT POLICY: At Brigadoon Animal Hospital, we focus on the importance of a positive environment for our team members, clients, and patients. We expect everyone from all parties to remain civilized and act with respect, which will create the desired outcome for all. However, there are certain behaviors that can get in the way of such an experience. We operate with a zero-tolerance policy with regard to violence and abusive behavior. It is also our commitment to uphold the same standards with our staff and request you speak with management if you feel this is not being upheld.

We will not tolerate:

- Foul or offensive language towards our staff
- Hostile verbal attacks
- Angry outburst
- Direct or implied threats to our personal safety or reputation
- Aggressive or menacing behavior towards people or pets
- Destruction of property
- Harassment by repeated visits, calls, or messages
- Any other objectionable behavior that disrupts our business and disturbs our veterinarians, team members, clients, and/or patients.

Should any of our staff experience such an incident with any clients who engage in any of these behaviors while on hospital property will be given a warning. All staff members are authorized to contact law enforcement if necessary to remove a disruptive or threatening client from our premises. This is in order to safeguard our practice staff, clients, and patients.

Our hospital management team is authorized to terminate the clinic's relationship with any client who, in their judgment, violates this policy. Copies of the patient's medical records will be sent immediately to the clients address on file, and no further services will be offered to the client or members of their household

- ☐ By checking, I have read and acknowledged the above conduct policy.

Signature: _____

Date: _____