

Welcome To Our Practice

Owner's Name _____ Spouse/Other _____

Address _____ City _____

State _____ Zip Code _____ E-mail _____

Main Phone _____ Secondary _____

Employer's Name _____ Phone _____

Spouse's Employer's Name _____ Phone _____

Should an emergency arise and we are unable to contact you, please list a relative or close friend not living with you that we may contact.

Name _____ Relationship _____

Address _____ Phone _____

I hereby consent and authorize Acredale Animal Hospital to receive, prescribe for, treat or operate on

Pet's Name: _____

PROFESSIONAL SERVICES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. We are required to have the following information on file. (Complete at least two)

Social Security No. _____ Spouse's _____

Driver's License No. / State _____

DUE TO PAST ABUSE OF CREDIT, we do not carry accounts and reserve the right to hold your pet until all fees are paid. A finance charge of 1 ½% per month will be added to all accounts over 30 days. Minimum monthly charge-\$2.00. I accept responsibility for payment of all charges incurred as well as attorney's fees and other related costs of collections should such actions become necessary.

How did you first hear about our hospital? _____

Please indicate that you have read and understand the above information, and that the information is correct.

Signed _____ Date _____

Last Name _____
Acc# _____

Vaccine Authorization Form

Vaccinations are given to your pet to help greatly reduce the chance of them becoming infected with a debilitating or life threatening disease. The doctors of Acredale Animal Hospital follow a vaccine protocol that we believe provide great benefit to our patients.

As with the administration of any biological or medical substance a low risk of adverse effects does exist. These effects can include mild lethargy/fever, temporary loss of appetite, allergic reaction/hives, and in a very small number of feline patients a malignant tumor can develop at the injection site. Published research studies have found the rate of the most serious side effect, such as tumor development, to occur in approximately 1 out of 5000 patients.

Please also be aware that vaccines do not provide instant protection. With some vaccines it may take a number of weeks for antibodies to rise to their highest levels. When pets receive their first vaccine series it is safest to continue to treat them as completely susceptible, until one month after they have finished their series for any particular disease.

We feel the risk of vaccine reaction to be far less than the chance of disease in non-vaccinated animals. Please sign the form if you accept the above mentioned risks and authorize the staff of Acredale Animal Hospital to continue protecting your pet,

_____, with vaccines.
Pets Name

Guardian of Pet Date

If you do not wish to be presented with this form every time your pet is vaccinated,
Please sign here. _____