



# Welcome

## CLIENT INFORMATION

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Contact Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_

### PHOTO RELEASE FORM

I grant to Martinez Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet(s), and to copyright, use and publish the same in print and/or electronically. I agree that Martinez Animal Hospital may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and web content.

The above **may / may not** (circle one) take photos of me and/or my pet(s)

Printed Name: \_\_\_\_\_

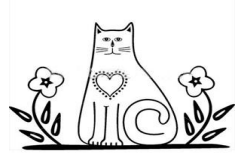
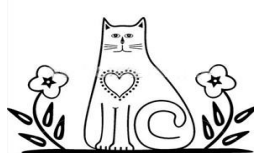
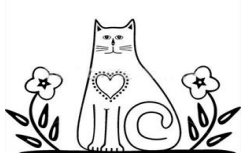
Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date: \_\_\_\_\_

Rev 4/11/19

Entered In Computer By: \_\_\_\_\_





## Financial Policy

Thank you for choosing Martinez Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Martinez Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge. **Please be aware we require new clients and re-activation clients to pre-pay for their exam fee (\$68).**

MAH accepts the following forms of payment:

**Cash** - So old school, but yes we'll be happy to take it

1. **Checks** - for established and approved clients only
2. **Credit Cards**
  - American Express
  - Discover
  - MasterCard
  - Visa
3. **CareCredit** - There is a \$75 minimum charge. This is a healthcare credit card that offers financing at a fixed rate. Apply online: [www.carecredit.com](http://www.carecredit.com) (Standard or 6 month term only.)

### Additional Policy Information:

**Martinez Animal Hospital requires a pre payment of the exam fee at time of scheduling an appointment. In the event you do not reschedule or cancel an appointment within 24 hours of your scheduled appointment time, there will be a fee of \$68 for a missed doctor's appointment and a fee of \$46 for a missed nursing appointment. A credit card deposit is required for clients who have missed or cancelled more than 2 appointments in a calendar year without 24 hours notice.** For inpatient exams, if you do not arrive within your scheduled drop off time, we reserve the right to reschedule your appointment and charge our missed appointment fee. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Rates and charges as of February 2020 and are subject to change

Client signature \_\_\_\_\_ Date \_\_\_\_\_