



Arcata Animal Hospital
 Thank you for choosing Arcata Animal Hospital
CLIENT INFORMATION



PRIMARY OWNER NAME (Owner/Agent must be 18 years or older):			
Mailing Address			
City	State	Zip Code	
Physical Address (if different)			
Preferred Phone#		Additional Phone#	
Email			
What is your preferred method of contact?	Phone	Email	Text Message
Employer		Work Phone	
May we contact you at work?	Yes	No	
Additional Owner/Agent Name			
Authorized to make medical decisions?		Yes	No
Primary Phone#		Email	
Employer		Work Phone	
May we contact you at work?	Yes	No	

In addition to the persons listed above, the following people have the authority to make medical decisions for all pets listed on my file, up to and including spaying, neutering, and euthanasia:

1.
2.

Are you eligible for our senior discount on exam fees (60 years & up)? Yes No
Who may we thank for referring you to our office? Friend or Client: _____,
 Phone book, Location, Other Veterinary Office: _____, Other: _____

Patient Information

Name					
Please circle one:					
Canine	Feline	Avian	Small Mammal	Reptile	Amphibian
Age	Sex	Male	Female	Spayed/Neutered?	Yes No
Breed		Color			
Name of Prior Veterinary Hospital				Date of last vaccines	
Has your pet ever had a vaccine reaction?		No	Yes	Specify	
Does your pet have any allergies we should be aware of?		No	Yes	Specify	
Is your pet on a special diet?		No	Yes	Specify	
Is your pet aggressive toward animals or people?		No	Yes	Specify	

All fees are due at the time services are rendered. We do not offer billing or payment plans. A deposit is required on all hospitalized pets and the balance is due at the time of discharge. I understand that I will be expected to provide payment today for all services provided. Initials _____

My preferred method of payment is: Cash Check Credit/Debit Card CareCredit

Rabies Certificates

I understand that in accordance with Humboldt County Ordinance Code Section 542-5, Arcata Animal Hospital provides a duplicate copy of canine rabies certificates to the Humboldt County Animal Control. **Initials _____**

After Hours Personnel

I understand that veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. (California Code of Regulations: Title 16 Section 2030) **Initials _____**

Release of Liability

I understand Arcata Animal Hospital will use all reasonable precautions for the safekeeping of hospitalized animals, but the hospital will not be held responsible in any manner whatsoever on account of medical situations that may arise (such as self-injury or escape), as it is understood that I assume all risks.

Initials _____

Social Media

We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website, and other forms of related media? Your name and personal information will never be shared. Simply circle to authorize this:

Yes

No

Use of "Extra-Label" Pharmaceuticals

The Food and Drug Administration (FDA) oversees the licensing of pharmaceuticals for humans and animals. Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drugs are not labeled. "Extra-label use" is defined as:

"Actual use or intended use of a drug in an animal in a manner that is not in accordance with the approved labeling. This includes, but is not limited to, use in species not listed in the labeling, use for indications (disease and other conditions) not listed in the labeling, use at dosage levels, frequencies, or routes of administration other than those stated in the labeling, and deviation from labeled withdrawal time based on these different uses." (21 CFR 530.3(a))

Extra-label use does not include the use of experimental drugs or drugs manufactured in foreign countries that have not been approved by the FDA.

All drugs can potentially cause harmful side effects, including death. The drugs that will be used for your pet at Arcata Animal Hospital have been safely used in individuals of the same or related species. When a drug must be used to treat an unusual disease or an unusual species, effectiveness and safety can be difficult to predict. You will be advised when your pet has been prescribed a medication that has not been given to a significant number of individuals of a similar species with a similar medical condition.

I have read and understand the above policy on the use of extra-label pharmaceuticals. I authorize the staff at Arcata Animal Hospital to administer and prescribe extra-label drugs for my pet. I understand that any drug, including those that are used in an extra-label manner, can produce undesirable side effects. Thus, I acknowledge that it is my responsibility to administer prescribed medications for my pet as directed and to notify my veterinarian of any apparent side effects or complications.

Signature of Owner/Agent: _____ Date: _____