

Thanks!

for choosing the



First Name (human) _____

Last Name (human) _____

Address: (street) _____ (city/state/zip): _____

Additional Caregiver's Name: _____

Phone (primary) () - _____ - _____

Is this number a cell phone? () Yes () No

(additional) () - _____ - _____

Is this number a cell phone? () Yes () No

Social Sec/Driver's License Number: _____

Email Address _____

Occupation/Employer _____ Other Caregiver's Occupation/Employer _____

Work Phone() - _____ - _____ If needed, may we call you at work? ☐ Yes ☐ No

In the event that we cannot reach you, please provide us with an emergency contact of a person who can make medical decisions in an emergency for your pet(s):

Emergency Contact Name _____

Phone () - _____ - _____

How Did You Hear About Us?

Previous Veterinarian _____

Phone () - _____ - _____

May we contact your previous veterinarian for your pet's records? Circle one that applies (yes) (no)

Please list individuals whom you wish to be able to authorize treatments for your pet(s). Except during an emergency situation, these individuals will be the **ONLY** persons in addition to the names listed above that will be able to authorize any treatment, diagnostic test, procedure, or request records for your pet(s).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature

_____ Date

Legal Agreement

By my signature below, I understand and agree that I am financially responsible for any charges incurred for the care of my pet(s) at Outer Banks Veterinary Hospital, Inc. (OBXVH). I understand and agree that charges incurred are due and payable at the time services and/or goods are rendered, unless other arrangements are made in advance. Upon my request, OBXVH will prepare an estimate of charges for testing or procedures that an OBXVH veterinarian recommends, before these tests or procedures are performed. In the absence of such a request, I agree to pay the usual and customary charges of OBXVH that are in effect at the time of service.

I understand and agree that no arrangements for extended payment will be allowed unless the portions in bold on the first page of this form are completed. Any balance past due more than 30 days will accrue a finance charge of 1.5% per month (18% APR) until paid in full. I understand and agree that any unpaid balance will be forwarded to OBXVH's attorney and/or collection agency, and may affect my credit score. An unpaid balance is defined as a balance that is due beyond a 90 day period from the time that services were rendered. In the event that OBXVH retains an attorney to collect any balance due, then I agree to pay all collection costs incurred by OBXVH, including a reasonable attorney fee.

I also understand and agree that if my account is referred for collection I will no longer be an active client of OBXVH, and I relieve OBXVH, its veterinarians, agents, contractors, and staff of any medical responsibility for the care of my pet(s). I also understand that to regain my status as an active client of OBXVH, I will be required to pay BOTH the collection amount due AND an amount equal to 50% of the collected balance as a deposit toward future care.

I consent to the release of medical information about my pet to other veterinary facilities, government entities, or other pet facilities. OBXVH shall not be responsible for the loss, theft, or damage of any items left at the hospital with my pet(s).

I request that the Outer Banks Veterinary Hospital Inc.'s doctors/staff carry out the procedures necessary for examination and medical treatment of the animal(s) presented by me for care at OBXVH. I am the owner, or authorized agent for the owner, of the described animal(s) and I have the authority to execute this agreement.

Every client has different personal wishes for their pet regarding resuscitation during the event your pet goes into cardiac arrest. Some wish to have it performed while others choose to have their pets on a 'Do Not Resuscitate' (DNR) status. To prevent any confusion, we like to know this status beforehand. Please initial your wishes for your pet.

_____ CPR, I wish to have my resuscitated _____ DNR, I do NOT wish my pet to be resuscitated

_____ Signature _____ Printed Name _____ Date

_____ OBXVH Receptionist