

# Hillsboro Advanced Veterinary Care

## New Client Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email: \_\_\_\_\_

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

Spouse's Cell Phone: \_\_\_\_\_ Best Day/Time to Reach \_\_\_\_\_

**How did you become aware of our clinic? *Please check all that apply.***  Drove By  Facebook  
 Website  Google Search  Community Event (Which one) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Personal Recommendation (Whom may we send a gift to thank?) \_\_\_\_\_

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
<b>Name</b>					
<b>Species</b>					
<b>Breed</b>					
<b>Date of Birth</b>					
<b>Color</b>					
<b>Sex (spay or neuter)</b>					

Does your pet(s) have any medical conditions? \_\_\_\_\_

No Medical Conditions.

**Cont. on back. - - - - -**

# Patient Policies

## Payment Policy:

*Please read the following carefully & initial upon reading each section*

I have provided information that is true and correct to the best of my knowledge.

I hereby give Hillsboro Advanced Veterinary Care permission to examine and treat my animal.

**Payment is due upon completion of the visit.**

Hillsboro Advanced Veterinary Care accepts cash, checks, and Visa, Mastercard, Discover & debit cards.

If legal action is necessary to collect outstanding fees incurred, including but not limited to filing fees, court cost, & attorney or agent fees.

We reserve the right to charge a service fee of *18%* each month on any unpaid balances.

Any animal left more than 10 days after the Completion of services will be considered abandoned and will become the property of Hillsboro Advanced Veterinary Care. Dr. Stacey Funderburk will have the sole discretion over what to do with the animal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Consent for Email and Text Communication:

Clients in our practice may be contracted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminder/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointments reminders and other healthcare communications/information at that email or text address from the practice.

(Clients Initials) I consent to receive text messages or emails from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages and emails for appointment reminders, feedback, and general health reminders/information at the following:

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

(Client Initials) I do not consent to receive text messages or emails from Hillsboro Advanced Veterinary Care.

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contract your carrier for pricing plans and details).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_