



Hampton Park Veterinary Hospital
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Charleston, South Carolina, 29403
Ph: 843-874-0400
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WELCOME TO HAMPTON PARK VETERINARY HOSPITAL

Thank you for giving us the opportunity to care for your pet(s)!

So we may become better acquainted, please complete the following information:

Client Information:

Last Name: _____ First Name: _____
Address: _____ State: _____ Zip Code: _____
Mobile Phone: _____ Primary Email: _____
Secondary/Emergency Contact Name: _____
Secondary Phone: _____ Secondary Email: _____
Preferred Method of Contact (please circle one): Call Text Email Any

How did you hear about our hospital?

Referral (someone we may thank): _____
Hospital Sign (Drive by): _____
Online (please specify site): _____
Other: _____

Patient Information:

| Patient Information | Pet 1 | Pet 2 | Pet 3 |
|-------------------------|-------|-------|-------|
| Name | | | |
| Species (Canine/Feline) | | | |
| Breed | | | |
| Color | | | |
| DOB/Approximate Age | | | |
| Male or Female | | | |
| Neutered or Spayed | | | |

Have any of your pets shown severe fearfulness or aggression during their past visits? If so, which pet(s) and please provide any additional information. _____

Do you have pet insurance? Y / N If so, carrier & policy number: _____

Does your pet have a microchip, tattoo or ear tip? Y / N please specify: _____

Where was your pet last vaccinated and/or treated? (Name of clinic, city, state, phone number): _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets, medications and/or supplements? Y / N

If any, please list medication, dose, & how often: _____

Notifcations/Authorizations:

To prevent the spread of infectious diseases and parasites, hospitalized patients must be current on all vaccines and free of internal and external parasites. I authorize Hampton Park Veterinary Hospital to administer any necessary vaccines and parasite treatment medication as needed. Therefore, I understand I am financially responsible for any associated costs of the above needed treatments.

I also understand any medical or surgical procedure is attended by some risk and it is not possible for Hampton Park Veterinary Hospital to guarantee the successful outcome of any such procedure.

Photography Waiver:

I **DO** / **DO NOT** give permission for Hampton Park Veterinary Hospital to take photographs of me and/or my pet(s) to be used for promotional material, advertising, and web content.

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

This policy helps control cost on which we base our fees.

*If you wish to pay by **check**, please complete the following information:*

SS#: _____ Driver's License #: _____ State: _____

By signing this document, I authorize the veterinary staff at Hampton Park Veterinary Hospital to examine, treat, and prescribe for all patients under my care. I assume full financial responsibility for the care of said patient(s) and acknowledge full payment is due upon completion of services. Unpaid invoices will incur service charges of 2% per month until the full amount is settled. Insufficient funds fee is \$35.00. Appointments not canceled at least 24 hours in advance may incur a fee of 1/2 the standard office fee. **THIS AGREEMENT IS IN FORCE FOR AN INDEFINITE DURATION FROM THIS DATE UNLESS I NOTIFY HAMPTON PARK VETERINARY HOSPITAL IN WRITING TO THE CONTRARY.**

Signature: _____ Date: _____

Printed/Typed Name: _____