

Bluegrass Veterinary Clinic, LLC

3069 McMinnville Highway, Sparta, TN 38583

Ph: (931)-352-1120 Fax: (931)-352-1121 Email: askus@bluegrassvetTN.com

Owner Info:

Client Name: _____ Date: _____

Authorized Person(s)/Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Driver's License #: _____

Would you like to be texted with alerts, reminders, and updates? Yes No

Would you like to be contacted via email regarding reminders for appointments and clinic events? Yes No

Email: _____

Are you interested in receiving emailed promotions from our online pharmacy? Yes No

Do you consent to have your pet's picture take to add to their file in our computer system? Yes No

Where did you hear about us? Internet Facebook Other Referral (Whom may we thank?) _____

Patient Info:

Pet's Name (#1): _____ Age: _____ Birthday: _____

Breed: _____ Color: _____ Spayed/Neutered/Intact Male/Female (Circle one)

Microchip: _____ Other Identifying Marks: _____

Current Medications (please include supplements): _____

Any significant health history/allergies/conditions we should be aware of? (i.e. seizures, anesthetic events, heart failure, food sensitivities/medication allergies) _____

Is your pet up to date on vaccinations, including Rabies? Yes No Unsure

Is your pet on heartworm and intestinal worm prevention or control? Yes No Unsure

If yes, which product? _____ Last dose given: _____

Is your pet currently on Flea and Tick Medication? Yes No Unsure

If yes, which product? _____ Last dose given: _____

Pet's Name (#2): _____ Age: _____ Birthday: _____

Breed: _____ Color: _____ Spayed/Neutered/Intact Male/Female (Circle one)

Microchip: _____ Other Identifying Marks: _____

Current Medications (please include supplements): _____

Any significant health history/allergies/conditions we should be aware of? (i.e. seizures, anesthetic events, heart failure, food sensitivities/medication allergies) _____

Is your pet up to date on vaccinations, including Rabies? Yes No Unsure

Is your pet on heartworm and intestinal worm prevention or control? Yes No Unsure

If yes, which product? _____ Last dose given: _____

Is your pet currently on Flea and Tick Medication? Yes No Unsure

If yes, which product? _____ Last dose given: _____

** (If more pet info space is needed, please ask the receptionist for a continuation sheet!) **

Informed Consent/Limits of Liability/Hospital Policies

By signing below, you (Client) certify the following:

I, _(Print name)_____, am the owner of the above animal(s) or am financially responsible for it/them and acting with the authority to execute this consent. I hereby authorize treatments of this/these animal(s) and performance of such surgical or therapeutic procedures as Bluegrass Veterinary Clinic, LLC (BVC), its doctor Kristin Edds, DVM, and/or its staff, may determine to be indicated at the time of service. It is agreed that I am responsible for this animal and that payment, in full, is due at the time of discharge. Any treatment plan/ estimate of \$500 or more will require a 50% deposit at check-in. I realize that in the event of a delinquent account, invoices over 30 days old are considered past due and are subject to an administrative fee on the 31st day, and on each 30 days past that. In addition, the costs of collection, including reasonable attorney's fees, will be paid by the undersigned. Any person listed above as "Co-Owner" or "Authorized agent" shall be an authorized signer for this patient and has my consent to make any and all health care decisions for my pet in my absence. However, as the primary owner/signer, I agree to be ultimately responsible for payment on all authorized services. If my pet is hospitalized and I neglect to pick them up within five days of written notice sent to the above address, my pet will be legally considered abandoned and will become legal property of BVC, LLC. Abandonment does not release me from my obligation to pay for all charges involved, and I will be held responsible for the entire amount of boarding/ treatment/nursing care for the duration of hospitalization.

I understand that if my animal is too aggressive to be safely/humanely treated on the day of service, then BVC reserves the right to reschedule the appointment in the interest of protecting the health and safety of all parties involved. I understand that BVC may request my pet be muzzled or adequately restrained upon entry of the building, and will work with the doctor and staff to find a suitable and safe solution for the animal's needs.

I understand that any physical, verbal, implied threats, abusive language or threatening demeanor from me as the Client towards any staff member of Bluegrass Veterinary Clinic, LLC will be immediate grounds for termination of our client/patient relationship, and I understand that BVC, LLC retains the right to refuse service.

Bluegrass Veterinary Clinic, LLC accepts :

Cash / Check / Mastercard / Visa / American Express/ Care Credit/Wells Fargo Healthcare Advantage

Client Signature _____ Date _____