

WASATCH HOLLOW ANIMAL HOSPITAL

HOME VETERINARY CARE

EXAMINATION FORM

Client Information

Client Name _____

Spouse/Partner _____

Drivers License Number _____ (required for home visit)

Street Address _____ City _____ State _____

Email Address _____ Phone _____

Phone _____

Place of Employment _____ Phone _____

If applicable, check one: Active/Retired Military Fire Law Enforcement

Patient Information

Pet Name _____ Species FELINE / CANINE

Breed _____ Color _____

Birthdate/Age _____ Microchip # _____

Spayed/Neutered _____

Medical History & Current Medications

Does your pet have any prior behavioral issues (aggression, fear, anxiety):

Previous Veterinary Hospitals/Clinics:

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Safe Appointment Policy

(please initial after reading)

All pets, regardless of their breed, temperament, stress, anxiety or aggressiveness deserve annual veterinary examinations and/or treatment for illness/injury. Most pets experience much less stress at home and almost all of our visits are very pleasant, comfortable and low stress. _____

Clients are welcome to be near and observe the examination, but to ensure our staff's safety, the safety of your pet and yourself, after the examination begins, please do not attempt to hold, restrain or put your hands near the face or mouth of your pet. _____

Clients are required to inform staff if their pet has any history of aggression toward people. This includes growling, biting, scratching, or previous history of attacking veterinary staff, friends or family members. _____

We will provide you with information about how we approach these visits in a way that is in the best interest of your pet and the people in the proximity. Dogs may be required to wear a muzzle that is placed by the client prior to the doctor's arrival. If the owner cannot safely place a muzzle on their dog, our team will not be able to visit without possible sedation at an extra fee. _____

Safety is our first priority and it may take more than a single visit to be able to achieve a safe exam. If a pet is too aggressive or fractious to examine safely, and our staff cannot sedate

the pet, a second visit will be required. We will dispense a medication prior to that visit that will need to be given prior to that appointment. The first and second appointment will both be charged at normal fees and no refunds will be processed if return is needed. _____

Home visits with aggressive pets may be terminated at the discretion of the attending veterinarian/veterinary technician if it is not safe for the patient, the client, or the veterinary staff to continue the exam. _____

Examination and travel fees are charged for all visits, regardless if an exam is able to be completed. Visits with stressed, anxious or aggressive pets generally take longer than our standard exam and will occur a behavioral fee. _____

A bite that occurs by an unvaccinated (Rabies) animal, is required to be reported by law. _____

Owner Signature _____ Date _____

Payment Policy

Travel fee and service fee is required to be paid for over the phone prior to the appointment. All fees for additional services provided at time of appointment are due after services rendered and can either be collected over the phone with reception staff or in person with a hospital representative. _____

I, _____, authorize Wasatch Hollow Animal Hospital Veterinarians to examine, prescribe for, or treat the above listed patient(s). I assume responsibility for all charges incurred in the care of this/these animal(s) and understand that these charges will be paid *at the time of service rendered*. Should collect become necessary, I agree to pay an additional 33.3% collection fee and all legal fees of collection, with or without suit, including attorney fees and court fees.

Signature of Owner

Date

