|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Square Logo**Animal Information: Reptile | | | | |
| Pet’s Name: | | Date of Birth **or** age:  Unknown:  If unknown, how long have you owned this animal: | | |
| Species: | | Color(s): | | |
| Gender | | | | |
| Male: | Female: | | | Unknown: |
| Has your pet been seen at another clinic?  Yes  No | | | If yes please list clinic name, city and state: | |

**Payment Policy**

Payment must be made in full for all services at the time services are provided or before the animal is released from the hospital. Payment options accepted include **cash, check (with ID), Visa, MasterCard, Discover, and American Express.** A written estimate may be requested by the client prior to any services being provided. Giving consent for a service to be provided constitutes an agreement to pay for that service before the pet is released from the hospital. There will be a charge of $25.00 for any returned check. **This clinic is not a lending institution and does not provide billing!**  By signing this form I certify I am 18 years of age, and indicate that I have read, understand and agree to these terms.

**Medical Care Authorization**

Any medical procedure carries some inherent risk; the advantages must be balanced against the risks. As is the case with any medical decision, we base the medications, treatments or procedures your pet needs only after considering all aspects of your pets health and lifestyle. Adverse reactions to medications or treatments are possible, and serious if left untreated. You must be made aware of these potential risks.

I hereby authorize Animal and Exotic Wellness Center to prescribe for, treat and/or perform medical procedures upon the pet listed on this form. By my signature I personally guarantee payment made for services and items rendered for treatment of the pet listed on this form and represent that I am authorized to agree to all terms and conditions in this agreement on behalf of myself and any other person(s) who do or may claim an interest on behalf of the pet listed on this form as treated by Animal and Exotic Wellness Center. I understand I may request a detailed estimate of any charges necessary for treatment of my pet at any time.

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

**Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Best number to reach you:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # is a Cell

**Email address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ We no longer mail out reminders for your pet. Please provide your email address so we can remind you of procedures and treatments that are important for your pet’s continued health.