

May be filled out and submitted electronically, or printed and hand-written, scanned or photographed.

### CONTACT INFORMATION

Primary Name: \_\_\_\_\_ Primary phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Email (only one): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Note that "**Other names on account**" gives another person/people the same access to the account (requesting medical records, receiving communication from us, picking up pets, etc.) as the primary account name.

Other Contact Name: \_\_\_\_\_ Other Contact number: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Other Contact number: \_\_\_\_\_

### Authorization to Provide Care

I am the owner or duly authorized agent for the owner of the pet(s) I am presenting for care and allow this authorization to be applied to any and all pets so presented now and for the rest of the current calendar year, unless revoked in writing.

I certify that I am over eighteen years of age, and hereby authorize and direct the veterinarians of Pflugerville Animal Hospital or their assistants to perform services, procedures, diagnostics, treatments, and/or the administration and prescription of medications, FDA labeled and extra-labeled within accepted veterinary guidelines as deemed necessary for my pet.

I understand that the delivery of medical care is not an exact science, and there will be no guarantees as to the results of any procedure, medication, therapy, or test.\* I understand that there is an inherent risk of complications, including allergic reactions and death, for any procedure that may be performed, including basic vaccinations, lab tests, venipuncture, cystocentesis, grooming, handling, etc. I understand and accept the risks of complications, and by consenting to lab tests I agree that I am consenting to procedures necessary or recommended to obtain lab samples, including venipuncture, needle tissue aspirates, bladder aspirates (cystocentesis), etc. The nature and risks of any other procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions that I may have are answered to my satisfaction, before I will leave my pet or allow treatment. I understand that I have the choice to obtain additional information regarding opinions for preventive care, therapeutics, diagnostics, or any other procedure for my pet. I understand that no personnel are on site overnight or continuously on weekends, and that I have the option to ask for transfer to a 24 hour hospital should my pet require care overnight or over a weekend.

I furthermore understand that in order to be environmentally sensitive and reduce the amount of paperwork/client release forms involved, while still providing client information, Pflugerville Animal Hospital has master information and authorization forms that go into greater detail in the office and posted online. My signature below certifies that I have read or have had the opportunity to read these forms as well, namely Pflugerville Animal Hospital's Wellness Care Client Information/Authorization and Information/Authorization for Emergency or Surgical Care. I understand that I am entitled to a hard copy of all appropriate information upon request, and that I have the opportunity to seek further clarification regarding the natures and risks of all procedures before authorization.

\*We generally have a 24 hour turnaround on all lab tests, and call or text on all results--normal OR abnormal. Do not assume test results are normal if we have not called you--technology has its limitations. The same thing applies to rechecks, expected improvement or lack thereof, so do not hesitate to check back with us if you are unsure about ANY aspect of your pet's condition, test results, follow up, etc.

Initial: \_\_\_\_\_

## **Wellness care consent**

Pflugerville Animal Hospital recommends annual wellness visits, certain vaccines, and regular parasite prevention (heartworm, intestinal parasite, flea, etc.) for all pets for the protection of the pet, client, and family. I also understand that administration of certain heartworm prevention medications, in the presence of heartworm disease, can lead to potentially fatal reactions. I do understand that heartworm preventive medications are not 100% effective, and that increasing cases of resistance to heartworm preventive medications has been noted.

I understand that the manufacturers and Pflugerville Animal Hospital recommend annual heartworm testing of all dogs and most cats, and re-testing any time they have been off prevention for an extended amount of time. I further understand that Pflugerville Animal Hospital considers heartworm prevention to be of the utmost importance for dogs and does require a negative test result be on file and dated within the last 12 months before prescribing heartworm prevention.

I understand the potentially fatal consequences to my dog if heartworm disease is undiagnosed and/or if heartworm prevention is restarted in the presence of heartworm disease, and that cases of heartworm disease are reported in dogs even though they are current on heartworm prevention. I also understand that any guarantees from the manufacturer may not be in effect in the absence of an annual heartworm test.

I do understand that I have the option to decline the recommendations for a heartworm test, and that I accept the consequences of not testing my dog for heartworm disease prior to restarting or continuing heartworm prevention should I waive testing in writing. I agree that this consent applies to all pets on my account until revoked in writing.

Initial: \_\_\_\_\_

## **Overnight Care Consent/Acknowledgement of unsupervised care**

Pflugerville Animal Hospital will at times agree to keep pets overnight for care, routine boarding, etc. Before you leave your pet overnight, or on days we are otherwise closed, please know that we do not have automatic firefighting equipment (sprinklers, foam, etc) in the building, and no staff members are present overnight nor continually on closed days.

I understand that I have the option of transferring my pet instead to a staffed, overnight care facility for continual observation and veterinary care. I further understand that if my pet's condition deteriorates significantly or my pet becomes no longer medically stable that I may be asked to pick him/her up and transfer them to a staffed, overnight facility.

I understand that there will not be staff members present on site during non-business hours, and Pflugerville Animal Hospital does not have automatic fire fighting equipment onsite.

Initial: \_\_\_\_\_

## **Information sharing policy**

Your pet's medical records are confidential. Pflugerville Animal Hospital will not violate this confidential relationship, and we will not release your pet's medical records without written or oral authorization executed by the client, a request by another veterinary facility, an appropriate court order or subpoena, or in rare circumstances as legally necessary to substantiate and collect on debt as allowed by state law. We may release information on a rabies certificate or any information regarding reportable communicable diseases to a governmental entity only for purposes related to the protection of public health and safety.

We will not sell any of your information. In certain other situations, as allowed by state law and with written authorization below, Pflugerville Animal Hospital does allow medical and pet history information to be accessed by outside parties for the purposes of facilitating medical care, reminder generation for services due, medication and prescription filling, laboratory services, case medical management, obtaining outside medical opinions, software maintenance and backups, general client communication, and other reasons related to facilitating medical care and general business operations. By authorizing care for your pet(s), you agree that we are not responsible for misuse by or failure of us or third parties to protect this information.

Pflugerville Animal Hospital also maintains an active social media presence. We enjoy sharing our patient's photos and stories on Facebook, YouTube, Twitter, our clinic website and other social media. We absolutely respect our patient's and client's privacy though, so if you prefer we will not share images of you or your pets taken in our hospital. By signing below, you give Pflugerville Animal Hospital, PLLC permission and consent and agree that Pflugerville Animal Hospital, its employees, or agents have the right to take photographs, videotape, or digital recordings of you and your pet(s) and release all rights to exhibit this work, along with your pet's name (pet name only) in print and electronic form publicly or privately for the purpose of social media posting.

Pflugerville Animal Hospital is not responsible for any expense or liability incurred as a result of you or your pet(s) participation in any photographs or recordings, social media sharing, or information sharing as above.

I agree with Pflugerville Animal Hospital's information sharing policy, understand that it applies to all pets on my account until revoked in writing AND furthermore regarding social media policy:

YES    NO   I agree to allow Pflugerville Animal Hospital to use photos and stories in social media as described above.

## **Financial Information**

I understand that services provided by Pflugerville Animal Hospital are available only for monetary compensation. Pflugerville Animal Hospital is not affiliated with and does not receive financial assistance from any public, governmental, or taxpayer entity.

I understand that my approval for nonemergency procedures will be sought prior to specific services, and that an estimate of cost for such services will be provided to me. I agree that I and/or anyone else listed on this account may verbally authorize and will be financially responsible for further procedures beyond the initial estimate should they be deemed necessary by the doctors and/or staff of Pflugerville Animal Hospital. I agree to pay in full for services I have authorized, (including the initial examination/office call) and emergency services that may be needed if I cannot be contacted by cash, Scratchpay, CareCredit, or other credit card, at the time services are rendered, and that the owner(s) listed on account and I (if I am acting as agent for the owner) will be held criminally and civilly responsible for any unpaid services, theft of services/merchandise, dishonored payments, fees associated with dishonored payments, etc.

I agree that additional hospitalization, treatment, and other fees may apply if my pet stays past the release date for this or any other reason. I understand that my pet must be picked up, or other arrangements must be made, on the date treatment has been completed or my pet will be considered abandoned, and I am responsible for any fees incurred up until this date. Any outstanding balance on my account will be charged interest at a rate of 1.5% at the end of each month until either paid in full, or sent for collections after 90 days without payment. If for any reason my account is turned over to a collection agency, a bookkeeping fee of \$25 plus collection fees of 30%

of the balance will be added to the balance due. I further agree that funds for dishonored payments (including dishonored check fees of \$30) may be electronically debited from my account. This agreement/contract is in effect for all pets on my account until and unless revoked in writing.

**My preferred method of payment is (check all that apply)**

CASH                       CREDIT/DEBIT CARD                       CARECREDIT                       SCRATCHPAY

Do you have Trupanion Pet Insurance for your Pet(s):     YES     NO

(Trupanion is the ONLY Pet Insurance we are able to file claims for you directly at checkout. All other Pet Insurance requires you to pay for services and then file a claim on your own behalf.)

\_\_\_\_\_  
Signature if supported by reader

\_\_\_\_\_  
Print name if signature not supported by your reader

\_\_\_\_\_  
Date

(v1.1 11/2023) Works best with Adobe, [contact@pfah03.com](mailto:contact@pfah03.com)