



Client Information

Client Details:

Name: _____

Email Address: _____

May we email you reminders? Yes _____ No _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Spouse/Secondary Phone Number: _____

May we text you reminders and clinic updates? Yes _____ No _____

Spouse's Name: _____

Spouse's Email Address: _____

Please read the following policies of Bluff Park Animal Clinic:

I understand that every effort will be made to achieve a successful outcome, and provisions will be made for safe in-clinic care and handling. I certify that I am at least 18 years of age and I will assume responsibility for all charges incurred. I hereby authorize Bluff Park Animal Clinic to treat my pet(s), including treatments for unforeseeable adverse reactions to routine medical care.

Please Sign _____

Date _____



To help prevent the spread of infectious disease, it is recommended that all hospitalized patients are up to date on all vaccines. A list of these vaccines is available upon request. Please provide the name of the clinic from which we may request your pet's medical records. _____

Please initial _____

I grant permission for Bluff Park Animal Clinic to use my pet's photo for the purpose of social media posts and other media releases. (Please initial to indicate the option chosen.)

_____ Image only _____ Image and name of pet

I understand that my pet must be well controlled while visiting our clinic. This would include, but is not limited to, the use of short leashes and pet carriers. If you do not own a carrier, one can be provided for you during your visit to our clinic.

Please initial _____

I understand that for my safety, as well as that of the staff and my pet, trained staff will be used to restrain and hold my pet during the examination by a veterinarian. Bluff Park Animal Clinic does not allow owners to restrain their own pets during an exam. This is not only for the safety of all within the examination room but also to provide proper assistance to the doctor during the exam.

Please initial _____



I understand that the humane use of muzzles and/or sedation may be required during office visits if the staff and/or veterinarians of Bluff Park Animal Clinic deem it necessary for the safety of the patient and those caring for the patient.

Please initial _____

I understand that arriving more than 15 minutes past my appointment time may result in the cancellation of my appointment, or the status of my appointment being delegated to walk in status resulting in a longer wait time.

Please initial _____

I understand that all preventative prescriptions require annual testing to remain current. If I allow my pet's prescription to lapse past 1 year, I may be required to schedule an office visit before a veterinarian on staff can prescribe a refill.

Please initial _____

I understand that most prescription refills may take up to 48 hours to be filled.

Please initial _____



Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Dog or Cat			
Breed			
Sex			
Color			
Special Markings			
Weight			
Date of birth			
Microchip Number			
Rabies Tag Number			
Allergies			
Spayed or Neutered			



BLUFF PARK
ANIMAL CLINIC

Client Financial Agreement

Payment for services rendered is due, in full, on the day of service.

Bluff Park Animal Clinic accepts American Express, CareCredit, Discover, Mastercard, Visa, check, and cash. Estimates for fees are available upon request. Please feel free to discuss the fees for a service with a receptionist or the doctor **before** they are performed.

Client Signature: _____

Date: _____

Thank you for trusting us with your pet's care!