



CLIENT REGISTRATION FORM

Welcome to Avian and Exotic Veterinary Care!

We are excited to get to know you and your animal companion and appreciate the opportunity to be part of your veterinary medical team. It is our mission to deliver high quality care for avian and exotic animals. Thank you for completing this form that allows us to establish your animal’s medical record in our system. Please email or fax this completed form to us prior to your first visit. Alternatively, you may bring the completed form in at the time of your first appointment. Should you have multiple animal companions in your family, please also complete the “Additional Patient Form” for each individual animal. Thank you!

Date: _____

Client ID (for AEVC to fill in): _____

Client Information

Name: _____
Last First Middle Initial

Date of Birth: _____
Month / Day / Year

Address: _____
Street, Apt # City, State Zip Code

Home Phone: _____ Mobile Phone: _____

Email Address: _____

*Please note: email is our preferred form of communication. This will be used for updates, appointment and health care reminders, and special updates. Please notify us if you prefer an alternate method of communication. Please be assured that we do not sell or give email address lists to outside parties.

Additional Authorized Person: _____
Last First Middle Initial

How did you hear about AEVC?

Other clinic _____

Other AEVC Client _____

Other _____

Authorizations

CONSENT FOR TREATMENT

I, the undersigned owner or owner's agent, of the pet(s) identified here, certify that I am over eighteen (18) years of age and thereby consent to the examination of my pet by the veterinarians and staff at Avian and Exotic Veterinary Care, and, after consultation with me, to prescribe medications for, treat, hospitalize, anesthetize, and/or perform surgery on my animal. I understand that some risks exist with medical treatment of animals and that I am encouraged to discuss my concerns in detail with Avian and Exotic Veterinary Care veterinary staff prior to the initiation of treatment. Should it occur that unexpected life-saving emergency care is required and my attending veterinarian is unable to reach me, Avian and Exotic Veterinary Care has my permission to provide such treatment and I agree to pay for such care. I understand that Avian & Exotic Veterinary Care does not provide 24-hours-per-day continuous supervision of my hospitalized animal.

FINANCIAL RESPONSIBILITY

I, the undersigned owner or owner's agent, of the pet(s) identified here, do recognize that fees are due to Avian and Exotic Veterinary Care in entirety at the time that services are rendered. An estimate will be provided upon request and for hospitalized patients receiving surgical/anesthetic procedures. Deposits of fifty percent (50%) are due upon leaving a patient for hospitalization. The remainder of charges for the patient are due at the time of discharge. It is encouraged that clients discuss all fees prior to initiation of treatment. For your convenience we accept Visa/Mastercard, Care Credit, and exact change cash.

CARETAKER RESPONSIBILITY

I, the undersigned owner or owner's agent, of the pet(s) identified here, do understand that any animal left in the care of Avian and Exotic Veterinary Care without owner involvement for five (5) days will receive written notice delivered via certified mail, that the animal is subject to abandonment rights and shelter authorities. I understand that I will, as the client, remain responsible for all pending charges plus interest. The client agrees to pay a finance charge of one and one half percent (1.5%) per month of total balance due to Avian and Exotic Veterinary Care.

RELEASE OF INFORMATION

I, the undersigned owner or owner's agent, of the pet(s) identified here, acknowledge that Avian and Exotic Veterinary Care is required to release client and patient information to requesting veterinarians and relevant agencies.

PHOTO PERMISSIONS

I, the undersigned owner or owner's agent, of the pet(s) identified here, **do allow**/ **do not allow** Avian and Exotic Veterinary Care to use photographs or videos of my pet for educational or promotional purposes in any type of media including its website and print material. I understand that I will not be paid or rewarded for this authorization.

SIGNATURE

By signing below, I, the undersigned client or client's agent, am confirming that all of the provided information on this form and on additional pet information pages is accurate and complete to the best of my understanding and that I authorize the permissions as indicated above for treatment consent, financial responsibility, caretaker responsibility, release of information, and photo permissions.

Signature

Date

Printed Name: Last, First, Middle Initial

FOR OFFICE USE ONLY	<input type="checkbox"/> Client entered in AM	<input type="checkbox"/> Form entered in AM	<input type="checkbox"/> Authorizations noted in record	Initials _____
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Patient Information

Client ID (for AEVC to fill in): _____

GENERAL

Animal's Name: _____ Animal's Date of Birth: _____
Month / Day / Year

Species: _____ Color: _____

Sex: _____ Altered: Y N Diet: _____

How long has this pet been with you? _____

Previous Illnesses: _____

Previous Veterinarian: _____
Name Clinic

Will you continue to use the services of your previous veterinarian for this animal? Y N

HOUSING

Inside Outside Alone Group housing _____

Enclosure Type: _____

Substrate: _____

BEHAVIOR

Motivated by food Not motivated by food

Favorite Foods: _____

Motivated by toys/games Not motivated by toys/games

Favorite Toys/Games: _____

Response to Handling by Strangers: Loves it! Comfortable Uncomfortable Very Nervous

Actions or Items that trigger discomfort: _____

Unique Behaviors (Likes/Dislikes/Habits/Etc.): _____

ADDITIONAL NOTES?

FOR OFFICE USE ONLY Patient entered in AM Form entered in AM Preferences noted in record Initials _____