



Client Intake Form

Client Information (* indicates required field)

- Name*
 First Last
Additional Owner:
 First Last
- Address*
 Street Address Apt/Unit Number
 City State ZIP/Postal Code
- Primary Phone*
- Additional Phone
- Email*
- How would you like to receive vaccination reminders?* (We don't share our emails with any other company)
Email Postal Mail
 Yes Yes
- How would you like to receive appointment reminders?*Text Phone Email
 Yes Yes Yes
- How did you hear about us?
 Google/Yelp
 Facebook
 Walk-In/Drive-by
 Friend
 Other

- Do we have permission to contact your previous Veterinary Hospital?*

Yes No

- Previous Veterinary Hospital Name and Phone number

- Do we have permission to use your pet's image on our website/social media sites? (None of your personal information will be shared besides your pet's name)*

Yes No

- Name(s) of Individuals Authorized to Pick Up Patient from RVA:

Name

Phone Number

Name

Phone Number

Patient Information (If you have more than one pet, please fill out an additional form)

Pet's Name*

Species*

Canine

Feline

Other

Breed*

Sex*

Male

Female

Male Neutered

Female Spayed

Birthday or Age:*

Color/Markings:*

Medical History

Please send your pet's previous vet history (at least the past two years - including any pertinent lab results, x-rays, current problems being treated as well as any medications your pet is currently taking) to **FAX** 770-741-0978 or **EMAIL** to clientcare@rva.vet as soon as possible so we may review the records prior to your visit.

To aid us in accurate medical records, please fill out all information of the following questionnaire to the best of your ability.

- How long have you owned your pet?*
- Where was your pet obtained?*
- Does your pet ever go outside?*
- Yes
- No
- Are there any other pets in your home?*
- Yes
- No
- Does your pet have any fear or anxiety associated with traveling or the veterinary hospital?*
- Yes (explanation)*
- No
- Has your pet had unusual/unexpected reactions to vaccinations?*
- Yes
- No
- Is your pet now taking medication to prevent heartworm disease?*
- Yes
- No
- Is your pet now taking medication to prevent fleas?*
- Yes
- No
- Is your pet now taking medication to prevent ticks?*
- Yes
- No

Financial Policy

Payment is due as services are rendered. For hospitalized or surgical cases, a deposit of 50% of estimated charges is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, personal check (with proper identification), Care Credit or accepted credit cards. To avoid misunderstandings, please let us know immediately if these terms are not satisfactory. In the event payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance over 30 days old. A service fee of \$6.00, or 1.5 % of the outstanding balance (whichever is greater) will be charged to your account monthly if not paid in full. All returned checks will incur a charge of \$35.00 and may be referred to the District of Attorney for collection.

Authorization

I understand that I (the owner or agent) am financially responsible to Roswell Veterinary Associates for all charges relating to this patient. I have read and accept the Financial Policy.

- Digital Signature:*

Type your full legal name above

- Date*