



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely and legibly. Thank you.

**Client Registration (Must be 18 years of age or older)**

Name (Last, First): \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 digits of SSN (required): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ \*We send text message reminders - if you **do NOT** wish to

Other Phone: (\_\_\_\_) \_\_\_\_\_ receive them, please check this box

E-mail Address: \_\_\_\_\_

\*We use your email address only for important medical reminders and alerts. Providing your email address also allows us to share medical history via PetDesk (www.petdesk.com). Fort Hunt Animal Hospital never shares client information with any third party.

Ok to post your pet's photo to social media? Yes \_\_\_\_ No \_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Pet Insurance Carrier: \_\_\_\_\_ \*If none, ask us for more information!

Secondary Name (spouse/partner): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ \*We send text message reminders - if you **do NOT** wish to

Other Phone: (\_\_\_\_) \_\_\_\_\_ receive them, please check this box

Emergency Contact Name (Last, First): \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

Is this person allowed to authorize treatment for your pets? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about us? \_\_\_\_\_

**Pet Registration**

Pet Name: \_\_\_\_\_ Species (Dog/Cat/Etc): \_\_\_\_\_  
Breed: \_\_\_\_\_ Birth date/approximate age: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_  
Circle one: Male Female Male Neutered Female Spayed

Please provide your pet’s vaccination and medical history to the receptionist or assistant. If this information is not readily available, please provide your pet’s previous veterinarian’s information:

Practice Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**Fear Free – Taking the “pet” out of petrified!**

Fort Hunt Animal Hospital is proud to have Fear Free Certified Professionals on our team to help create a calm, soothing atmosphere for pets in the veterinary hospital. To aid in providing a Fear Free visit for your pet (and you!), please circle one answer for each question and elaborate where necessary.

**Does your pet...**

...have a male/female preference or aversion? Yes No Not Sure \_\_\_\_\_

...prefer to wait in: Lobby Exam Room Car

...have any known stressors? (sounds, sights, smells) Yes No Not Sure

...have any favorite treats or toys? Yes No Not Sure \_\_\_\_\_

...have any food allergies or sensitivities? Yes No Not Sure \_\_\_\_\_

...have any touch sensitivities? (ex: paws) Yes No Not Sure \_\_\_\_\_

...take any anti-anxiety or sedation medication before visits? Yes No \_\_\_\_\_

Your pet’s veterinarian and support team will make recommendations for future visits based on observed behavior, fear, anxiety, and stress levels. Our goal is to create a Fear Free environments for our patients, clients, and Fort Hunt Animal Hospital team. Please be patient as we learn the best way to interact with you and your pet in order to provide this superior level of care.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of discharge and that a deposit may be required for surgical treatment. If I pay by check and my check is returned, I understand that a \$55.00 returned check fee will apply and I am responsible for paying the entire balance of my bill plus the returned check fee by the end of the month in which services were rendered, or my account will be sent to collections.

Signature of Owner (18 years of age or older): \_\_\_\_\_ Date: \_\_\_\_\_

## Fort Hunt Animal Hospital's Hours of Operation

I have been informed and understand the hours of operation and staffing at Fort Hunt Animal Hospital as stated below:

General Hours: Monday through Friday: 7:30 am – 6:00 pm

Doctor's hours: Monday through Friday: 8:30 am – 6:00 pm

Surgery Drop off times:  
Monday through Friday: 7:30 am – 8:00 am

Boarding Drop off times:  
Monday through Friday: 7:30 am – 5:30 pm

Boarding Pick up times:  
Monday through Friday: 8:00 am – 5:30 pm

Weekend Boarding Pick Up is available for an additional fee when pre-arranged through kennel management only.

Missed appointment fee: Arriving 15 minutes or more past your appointment time is considered a missed appointment. Missed appointments will be charged the price of an exam. A second missed appointment will be charged the price of an exam and an additional exam fee will be required as a deposit before rescheduling. If you cannot make your appointment for any reason, it is your responsibility to notify the hospital in a timely manner to avoid the fee. Missing a scheduled surgery will allow for one reschedule, and then a \$150.00 fee will be applied before rescheduling a second time.

Fort Hunt Animal Hospital is not an emergency care facility and does not provide overnight staffing. Doctors are on duty during doctor's hours only and technicians are on duty during general hours only. Appointments seen outside of regular business hours will incur an emergency fee. Appointments seen on a work-in basis (i.e. no medical emergency exists and there are no available appointment times) will incur a work-in fee. Minors, assistants, and other parties not listed as legal owners in the client record will not be allowed to present pets for exams or boarding without written or verbal authorization to make medical decisions. Payment is due at the time services are rendered regardless of owner presence.

Your signature below indicates your understanding of these policies and procedures and your willingness to comply.

Signature of Client (18 years of age or older): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Last Updated: 5/24/2024