



Welcome to Avian & Exotic Veterinary Care

Please tell the receptionist immediately if you believe your pet is not stable enough to wait!

OWNER Information:

Please note you must be 18 years or older to make medical and financial decisions for your pet.

Last Name: _____ **First Name:** _____

How do you prefer to be addressed? (optional)

Dr. Ms. Mrs. Mr. She/Her He/Him They/Them Other _____

Address: _____ **Apt:** _____ **City/State:** _____ **Zip:** _____

Primary Phone: (____) _____ **Secondary:** (____) _____

Your Place of Employment: _____

Email Address: _____

Current Student or Active Military member? Yes No *(please show ID to receptionist to receive 10% discount)*

Date of Birth: _____ *Oregon state law requires us to have our client's date of birth to dispense certain types of medication such as pain-relievers, sedatives, and some others.*

Others Authorized for Account: *Please list who can make an appointment, authorize treatment, or make a payment.*

(This person should be over 18):

Name _____ Phone Number: (____) _____

How did you hear about us?

Do you have another vet you'd like us to contact for your pet's history?

Pet's information

Please complete the following for the pet(s) you've **brought** for today's examination:

Patient's Name	Species/Breed	Age	Major Colors	Sex M/F/U	Spayed/ Neutered?

Hospital Disclosures

Please read and initial the following statements. Our staff will be happy to explain any of these statements prior to your initialing.

Some medical conditions may be life-threatening and impact the examination of my pet. **If a life-threatening emergency is detected while your pet is here, the staff of Avian & Exotic Veterinary Care will try to stabilize your pet unless you initial the “Do Not Resuscitate” below:**

RESUSCITATION ORDERS: (Please initial) **DO RESUSCITATE** _____ or **DO NOT RESUSCITATE** _____

I authorize and direct the veterinarians at Avian & Exotic Veterinary Care to examine, diagnose and prescribe as they deem necessary for the patient’s well-being. No warranty or guarantee has been made as to the result or cure. **ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.** We accept cash, Visa, Mastercard, AMEX, Discover and CareCredit. A deposit may be required at the time of admission and the balance paid in full at discharge. If you have any questions about the fees or policies, please alert us prior to services being performed. Accounts not paid within 30 days are subject to an interest finance charge. In the event any balance due is not paid as agreed, the undersigned jointly and severally agrees to pay all cost included in the unpaid balance, including a reasonable collection and /or attorneys’ fees.

Authorization To Pay: (Please initial) Yes _____

I understand that my pet may act differently than it does at home & there is a chance it may bite, scratch, or otherwise attempt to injure anyone, including myself, while handling it. I understand that I should not handle my pet during any procedures and that if I do this waives liability of the hospital if I am injured directly or indirectly by the actions of my pet during said procedures.

Restraint Of Patient: (Please initial) Yes _____

I understand that there are few medications specifically licensed for use in exotic pets. The medications prescribed will be labeled as medication for dog or cats; however, we compound this medication to make it for the exotic pets. I authorize the extra label use of medications on my pets, **and I understand the potential risks associated with such treatment.**

Extra Label Use of Drugs: (Please initial) Yes _____

Avian & Exotic Veterinary Care may want to use pictures/and or information resulting from the veterinary care of my pet on their website, social media sites, or for other educational purposes. Only the pet’s first name & medical condition will be used. Client name, address & other personal information will NOT be used. I understand that if I choose to revoke this permission, I must notify the hospital in writing.

Photo Release: (Please initial) I Agree: _____ or I Do Not Agree: _____

I understand that I should be **15 minutes early** to my appointment to allow adequate check-in time. If I am late to my appointment, I may be asked to reschedule. If my pet needs to be worked into the schedule, there will be a late fee associated with this.

Check In Time: (Please initial) Yes _____

If you are feeling ill, please wear a mask during your visit. **Mask Policy:** I Agree: _____

I understand that I will be required to pay \$70 deposit when scheduling an appointment. The deposit will be applied towards the amount due from the services provided to the patient during the appointment. I understand that if I need to cancel/reschedule and do not provide 24-hour notice, I forfeit the \$70 deposit.

Deposit Policy: (Please initial) Yes _____

Signature of financially responsible party:

X _____ Date: _____

Employee initials here >