

Dr. Bob Rednour

Dr. Michelle Bouchey

Large Animal Veterinary Services

Client/Patient Registration Form

Welcome to Large Animal Veterinary Services (L.A.V.S.). Please fill out the following information for our medical records. Phone number 919-554-1176; Fax number 919-570-7301

Owner Information:

Name		Spouse:	
Mailing Address		Stabled at:	
City	State	Zip Code	County
Place of employment		E-Mail:	

Phone contacts:

Home	Work	Mobile 1	Mobile 2
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Patient Information:

Name (Registered)	Species	Breed	Age/Sex	Color	Allergies
Name (Registered)	Species	Breed	Age/Sex	Color	Allergies
Name (Registered)	Species	Breed	Age/Sex	Color	Allergies
Name (Registered)	Species	Breed	Age/Sex	Color	Allergies

Please provide information for additional animals on the reverse of this form.

Credit Information:** NO AMERICAN EXPRESS CARDS ACCEPTED******

Credit Card #:	Visa	MC	Discover	Exp date / CVV code
Cardholder Name (if other than client):				
Cardholder Signature (if other than client):				

Payment Choice: (check boxes)

CASH

CHECK

CREDIT CARD

You may be given an estimate by the clinician for the cost associated with the treatment of your animal. You may also be informed of the anticipated diagnostic and therapeutic procedures necessary as well as the available alternatives (ie. referral). Feel free to discuss the cost and treatment schemes with the clinician in charge.

INFORMED CONSENT:

I am the owner of the above described animals, or have authorization from the owner to consent to treatment. I hereby voluntarily request, authorize, and consent to the medical care, including diagnostic, therapeutic, anesthetic, and surgical procedures as deemed appropriate by Large Animal Veterinary Services (L.A.V.S.) and its agents. I understand that complications can occur in spite of the best medical/surgical care, and I have been informed of these complications. I have been informed of the alternatives available to the proposed diagnostic/treatment procedures. I accept full financial responsibility for services rendered by L.A.V.S., and I agree to pay a minimum deposit for half of the estimate upon admission. The balance will be paid in full upon discharge of the above described animal. In the event of an emergency, and I cannot be contacted to authorize treatment and/or humane euthanasia, the attending clinician should act in his or her best judgement. I will not hold L.A.V.S. or its employees/agents liable in any manner regarding the treatment, care or safekeeping of the above described animals. I understand that payment is due by the 20th of the month. I agree to pay a service charge of 1.66 percent per month (20% APR, minimum charge of .50) and a late fee of \$35 on overdue accounts. I understand that I am liable for legal and collection fees accrued for delinquency. I understand that a \$35 fee will be assessed on all returned checks.

Owner/Agent Signature

Date: Month/Day/Year