

**TRINITY ANIMAL HOSPITAL**

**PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM**

**INFORMATION FORM**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_**

**PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPOUSE/OTHER’S EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_**

**PET’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEX: \_\_\_\_\_\_\_\_\_\_\_ HAS HE/SHE BEEN NEUTUERED/SPAYED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR VISIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHERE DID YOU HEAR ABOUT US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment policy:** Any procedure or service that is deemed **elective or is under $200** must **BE PAID IN FULL THE DAY SERVICES ARE RENDERED**. If a procedure is deemed **to be an emergency by the Veterinarian and your total bill is greater than $200**, you will have the option of applying for Care Credit. Any balances unpaid after 30 days will begin accruing interest at a rate of 1.5% per month (18% PER ANNUM). Any balances that go over 60 days without a payment being made will be turned over to collections, and you will not be able to receive services until balance is paid in full.

I agree and hereby consent that I will be responsible for any costs that Trinity Animal Hospital, LLC may incur in collecting overdue amounts from Customer including, but not limited to, reasonable attorneys’ fees and court costs. Furthermore, if I reside in Florida, I agree to waive any exemptions that would prevent a wage garnishment.

**RETURN CHECK FEE OF $35 WILL BE ADDED FOR ALL RETURNED CHECKS!!!**

**OWNER/RESPONSIBLE PARTY SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MY METHOD OF PAYMENT TODAY WILL BE:**

**CASH\_\_\_\_\_ CHECK\_\_\_\_\_ VISA\_\_\_\_\_ MASTERCARD\_\_\_\_\_ AMERICAN EXPRESS\_\_\_\_ DISCOVER\_\_\_**

**CONTINUED ON BACK**



**Trinity Animal Hospital**

**Written Rx Form**

207 S. 4th Ave

**PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM**

Hartford, AL 36344

334-588-2030

trinityanimalhospital@gmail.com

At Trinity Animal Hospital we strive to maintain the lowest prices on medications and products for our patients. We utilize numerous vendors and sales groups to receive bids for prescription medications and products so that your cost is the lowest possible. Often the cost of these products depends on the time of year or the seasonal specials a particular vendor or drug company is advertising. Our pricing is based on market cost at the time of the purchase and our prices reflect that market. When you purchase a prescription drug from this premise it includes the cost of the doctor’s time to prescribe and complete a legal prescription (one that adheres to Federal and State drug enforcement laws) for the desired medication. Your pet’s doctors must take time to review your pet’s medical history, evaluate all other oral and topical medications and products currently being administered, know long-term complications of the prescription medication, review your pet’s current weight for drug dosage, re-evaluate the latest blood work results, print a prescription label, fill and dispense the drug in an approved container, and inventory and stock our pharmacy.

When you request us to write a prescription for medications to be filled by another source, most of the same processes are required for all our doctors and staff. To cover these costs, a prescription/medical records fee of $8.00 will be charged for each prescription that is written. The fee must be paid when the written prescription is obtained. For your pets continued health and safety, lab work will need to be current prior to completion of a written prescription. It is your responsibility to fill this prescription by presenting it to the supplying pharmacy. We will not be responsible for calling, faxing, or corresponding with the supplier. If you have obtained a written prescription from us and change your mind deciding you would like to fill here, you may bring the written prescription back and we will credit your account in the amount of the prescription fee (no cash refunds will be given).

Owner Release and Waiver of Liability:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ assume full responsibility for any prescription that I am receiving via any other source than Trinity Animal Hospital. I will not hold Trinity Animal Hospital, the doctors, or the staff responsible for any adverse reactions, packaging, efficacy, administration, expired or short date that result from products or medications that were purchased elsewhere.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

**CONTINUED ON BACK**

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**PLEASE INITIAL ON EACH LINE PROVIDED**

**\_\_\_\_\_\_ Office Hours**

Monday, Tuesday, Thursday: 8am-12pm, 1pm-5pm

Wednesday: 8am-12pm

Friday: 8am-12pm, 1pm-5pm

We take our last transaction 30 minutes before closing each day.

**\_\_\_\_\_\_ Room Policy**

We ask that you please stay in your exam room during your visit. To keep from spreading sickness and for others’ privacy please do not walk the halls. The doctors and staff need to be able to get to and from without congestion.

**\_\_\_\_\_\_ Appointments vs Walk-ins**

Scheduling an appointment is preferred to decrease your waiting time. If you bring your pet without an appointment, you will be charged a $15 walk-in/work-in fee and will be seen as soon as possible but clients with appointments will be given priority. If your pet is deemed an emergency by the doctor, your pet will of course be seen promptly. The $15 fee also applies if an extra pet is brought to an appointment. If you make an appointment for one pet, we can only allot a certain amount of time for that pet and bringing extras puts us behind.

**\_\_\_\_\_\_ New Clients**

New clients will be charged a $30 exam fee deposit required at the time the appointment is scheduled which will be applied to the total bill. If you need to cancel your pet’s appointment, please call at least 24 hours in advance and the deposit will be credited to your account or a cash refund. Appointments that have not been canceled within 24 hours will be subjected to a no-show fee equivalent to the deposit. Due to the high patient volume, we currently have a wait list. If an appointment is canceled in the appropriate amount of time, we can fill that appointment slot with a patient from the wait list.

**\_\_\_\_\_\_ Surgery Scheduling**

An appointment is always needed for a surgical visit. We are limited to how many surgeries that can be done daily and only perform surgeries on Monday, Tuesday, and Thursday.

A $30 deposit is required at the time surgery is scheduled which will be applied to the total bill. If you need to cancel your pet’s surgical appointment, please call at least 24 hours in advance and the deposit will be credited to your account. A surgical appointment that has not been canceled within 24 hours will be subjected to a no-show fee equivalent to the deposit. Due to the high surgical patient volume, we currently have a wait list. If an appointment is canceled in the appropriate amount of time, we can fill that surgery slot with a patient from the wait list.

**\_\_\_\_\_\_ Payments**

Payment is due at the time of services rendered. We are unable to extend credit. In the case of an emergency, you may apply for Care Credit at Carecredit.com.

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**\_\_\_\_\_\_ Emails, Voicemails, Facebook Messages, & Pet Desk Messages**

If you would like to schedule a consultation for medical advice concerning your pet, we can schedule a Teladoc appointment for a fee of $20.

**\_\_\_\_\_\_ After Hours Emergencies**

We now offer after-hours emergency care, there will be a $200.00 after-hours fee plus any additional fees accumulated during the visit. Call the office number and you will be connected to an answering service who will field your calls and get all the information. They will then contact Dr.Green if needed.

**\_\_\_\_\_\_ Heartworm Prevention Policy**

Every patient needs to be on heartworm prevention. However, to receive preventatives, your pet must have a current negative heartworm test on file. We understand that your pet may have consistently been on heartworm prevention since they were puppies, but a heartworm test every year is necessary to confirm the preventative they take is working properly. If you are unsure if your pet has had a heartworm test in the last year, please call our office.

**\_\_\_\_\_\_ Annual Wellness Exams**

Our Annual Wellness Exams now include:

* ***Canine:***

Examination, Heartworm Test, Intestinal Parasite Screen, DA2PP Vaccine, Bordetella Vaccine, and Rabies Vaccine when due

* ***Feline:***

Examination, Intestinal Parasite Screen, FeLV Vaccine, FVRCP Vaccine, and Rabies Vaccine when due

**\_\_\_\_\_\_ Annual Blood Work**

We now offer annual blood work at a discounted rate when bundled with the Annual Wellness Exams. Annual blood work is recommended on all patients to allow the doctor to determine baseline blood values and allows for early detection of many diseases. If you would like additional information about annual blood work, our staff can provide that for you.

**\_\_\_\_\_\_ Prescriptions**

Our hospital has a fully stocked pharmacy where you can purchase your pet’s prescriptions. If you need to have a filled prescription mailed to you, we will do so but, payment for prescription and postage will need to be paid over the phone before the prescription can be mailed. If you would like a written prescription so that it can be filled elsewhere, a prescription fee of $8.00 will be charged. Please read and sign the release form that is attached.

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NO SHOW & LATE POLICY

We, at Trinity Animal Hospital, understand that sometimes you need to cancel or reschedule your appointment. However, when you do not call-in advance to cancel your appointments, you may be preventing another pet from getting much needed treatment.

A veterinary/client relationship is built on mutual trust and respect. As such, we strive to be on time for your scheduled appointments and ask that you give us a call when you are unable to keep your appointment.

As a courtesy, and to help patients remember their scheduled appointments, Trinity Animal Hospital sends text messages and email reminders in advance of the appointment time. If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting to schedule with Dr. Green. Please give us at least 24-hour notice.

Also, please call and let us know if you are going to be 15 minutes or later for your appointment. We may either charge a $15 late fee or reschedule your appointment so that we do not fall behind with the other appointments.

By signing below, I acknowledge if I do not cancel or reschedule my appointment with at least 24-hour notice, Trinity Animal Hospital will assess a $30.00 “no-show” service charge on my account that will have to be paid in full before making another appointment. I also acknowledge that if I am 15 minutes or later, I may be charged a $15 late fee or have to reschedule.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_