



Veterinary Eye Clinic

Our Vision Is Caring For Your Pet's Vision

WELCOME TO OUR HOSPITAL

Date: ____/____/____

Owner's Name: _____

Additional Owner's Name: _____ Relationship to Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Additional Owner's:

Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Primary Owner's Email: _____

Additional Owner's Email: _____

We require your date of birth for Controlled Substance Utilization Review and Evaluation System (CURES) this is reported by the State of California Department of Justice. If you elect not to give us your date of birth, we can not send home or prescribe controlled medication for your pet.

Please Initial that you understand the statement above: _____

Date of Birth: ____/____/____ Additional Owner's DOB: ____/____/____

Patient's Information

Pet's Name: _____ Birthdate/Age: _____

Species: _____ Breed: _____

Color: _____ Sex: Male Female Spayed Neutered

Primary Care Veterinary Hospital (Hospital Name): _____

Primary Care Veterinarian's Name: _____

Additional Veterinary Hospital (Hospital Name): _____

Additional Veterinarian's Name: _____

Practice Policies

Teaching Policy

Veterinary Eye Clinic is a teaching institution. Resident veterinarians and veterinary students may work with the veterinary ophthalmologist. Resident veterinarians may do part of the examination, diagnostic procedures, and/or surgery. Veterinary students and interns take part in examinations, assist with minor procedures and only observe surgeries. The operating veterinary ophthalmologist will decide at the time of the surgery in which residents will take part. What the residents are allowed to do will depend upon their skills and the patient's condition. Residents will be under the supervision of the operating veterinary ophthalmologist, who will be present for all critical parts of the surgery. The operating veterinary ophthalmologist may be out of the operating room for some or all of the surgical tasks done by the residents if the operating veterinary ophthalmologist decides it is safe to do so.

Please initial: _____

Media Release

I hereby give the Veterinary Eye Clinic permission to take photographs and videos of me and/or my pet(s) for the purpose of posting on the Veterinary Eye Clinic's social media accounts, clinic's website, publicity, illustration/educational teaching and/or advertising. I hereby release and discharge the Veterinary Eye Clinic from any and all claims arising from using these photos/videos.

Please check one: Yes **or** No

Please Initial: _____

Recording Policy

The privacy of our clients and sensitive patient information is of the utmost importance to our practice. Voice recording or videotaping is prohibited within the clinic and in the examination room when the doctor is present. Exceptions to this policy will be made on a case-by-case basis. We understand at times, the recording of information is a helpful tool to aid in patient care, so we ask that consent be given prior to recording. Violation of this policy will result in dismissal from the clinic.

Please Initial: _____

Appointment Policy

For initial consultations, please arrive 15-20 minutes early. We also recommend arriving 5 minutes early for recheck appointments. We try our very best to see patients at their scheduled appointment times, however, there may be times when visits take longer than anticipated. These scenarios may cause a delay in your pet's appointments. Emergencies may also delay your pet's appointment time. We apologize for any inconvenience this may cause you, and we thank you for your cooperation and understanding.

If you know you'll be more than 15 minutes late for your pet's non-emergency visit, please call us so we can determine if we are still able to see your pet or if we would need to reschedule your visit. This will help us to remain on schedule for the rest of our appointments. It also helps ensure that when you have an appointment in the future, you won't wait due to another pet's late arrival.

Please Initial: _____

Cancellation Policy

We value your business and ask that you respect our business scheduling policies. All cancellations or reschedules require a 24-hour notice, or they will be subject to charges. For the first canceled appointment with less than a 24-hour notice, we will reschedule without a penalty charge. For the second canceled appointment with less than a 24-hour notice, we will require a non-refundable pre-payment in order to schedule another appointment. Appointments that are missed and neglected to give notice (NO CALL, NO SHOW) will result in the need for pre-payment for subsequent examinations.

Please Initial: _____

Emergency Appointment Policy

For emergency appointments, we will take a non-refundable deposit in the amount of the emergency examination fee plus the cost of the three eye tests. This non-refundable deposit will be taken at the time your appointment is scheduled. If you do not show up for your appointment, this non-refundable deposit is forfeited to Veterinary Eye Clinic.

Please Initial: _____

Payment Policy

We require full payment at the time that services are rendered. For your convenience, we accept Visa, MasterCard, Discover, American Express, Cash, Scratch Pay, and CareCredit. **Checks are not accepted.**

Please Initial: _____

Collections Policy

Any nonpayment will be subject to interest accruing at the maximum legal rate from the date of service until paid. Any unpaid balance will be subject to collections. Any and all legal fees incurred in the collections process will be the sole responsibility of the debtor in addition to the balance due.

Please Initial: _____

Return Policy

Per California state law, dispensed medications may not be returned. There are no exceptions.

Please Initial: _____

Refill Policy

Prescriptions are an important tool in providing your pet with appropriate medical care. So that you receive the prescriptions your pet needs in a timely fashion, we ask that you abide by the following refill policy. Please allow at least 48 hours for all refill requests. Plan ahead. Please do not wait until the last minute to call for your refill, as we may not be able to accommodate your request as quickly as your pet needs since a refill requires a doctor's approval. It is best to call 7 days in advance of your pet's medication running out for a prescription refill. If you need a refill on a same-day emergency basis, there will be a \$20 fee for this expedited service. In addition, some prescriptions are special order medications that require additional time for delivery. It is your responsibility to know when your pet's medications will need to be refilled. We do generally refill prescriptions during office visits. Before your pet's medication runs low, please call us for an appointment. Additionally, if we have not seen your pet within the last year, we will need you to come in for a recheck prior to refilling any medications. There are some medications that require a recheck before approving a refill, as we

need to see the current condition of the eye prior to refilling these medications. Also, per California state law, dispensed medications may not be returned. There are no exceptions.

Please Initial: _____

Customer Code of Conduct Policy

Veterinary Eye Clinic seeks to provide a welcoming and safe environment that ensures trust and respect for everyone. Our mission is to provide exceptional patient care and client service. Providing our clients with a high level of care and service requires mutual respect, cooperation, trust, and kindness.

Our team will not accept the following behaviors:

- Verbal abuse, malicious or harmful statements about others, profanity or disrespect
- Any form of harassment
- Discriminatory comments or actions
- Intimidation tactics and/or making threats
- Allowing your pet to intimidate or threaten a person or another pet
- Public disclosure of another person's private information
- Suspicion of being under the influence of alcohol or behavior-altering drugs
- Failure to comply with requests of our staff, including leashing/restraining your pet

This policy is strictly enforced, and if there are any instances of the above behaviors, Veterinary Eye Clinic reserves the right to terminate veterinary services for you and your pets.

Please Initial: _____

Authorization:

I hereby authorize the associate veterinarians and staff of the Veterinary Eye Clinic to examine, prescribe for, and/or treat the above-described pet(s). I assume responsibility for all charges incurred during the care of this animal. I also understand that payment is due at the time services are rendered and that a deposit may be required for surgical treatments or hospitalizations.

Client's Signature: _____ Date: _____