



Thank you for trusting us with the opportunity to care for your bird or other exotic pet(s). So that we can become better acquainted and best serve your needs and expectations, please complete the following form:

Have you ever brought ANY pet to any Carolina Veterinary Specialists hospital in the past?	<input type="radio"/> YES <input type="radio"/> NO
Have you ever brought THIS pet to any Carolina Veterinary Specialists hospital in the past?	<input type="radio"/> YES <input type="radio"/> NO

NEW CLIENT (OWNER) INFORMATION

Client name			
Home address			
Please check your PRIMARY contact method below:			
Phone (home)	()	<input type="radio"/>	Okay to leave voice mail messages? <input type="radio"/> YES <input type="radio"/> NO
Phone (cell)	()	<input type="radio"/>	Okay to send text messages? <input type="radio"/> YES <input type="radio"/> NO
			Okay to leave voice mail messages? <input type="radio"/> YES <input type="radio"/> NO
Phone (work)	()	<input type="radio"/>	Okay to leave voice mail messages? <input type="radio"/> YES <input type="radio"/> NO
Email address		<input type="radio"/>	Okay to send emails? <input type="radio"/> YES <input type="radio"/> NO
Occupation		Place of employment	

ADDITIONAL AUTHORIZED AGENT INFORMATION

Please list the name(s) and contact information of any other individuals (eg. spouse) you wish to be listed in your account as an Authorized Agent that can make urgent treatment changes and to whom we can release patient information if you are unavailable:

Name		Phone	()
		Email address	
Name		Phone	()
		Email address	

PET (PATIENT) INFORMATION

Name of pet			
Species		<input type="radio"/> Bird <input type="radio"/> Reptile <input type="radio"/> Mammal <input type="radio"/> Other	
Breed (if applicable)			
Color (or morph)			
Date of birth (or hatch)			
Sex (gender)	<input type="radio"/> Intact male <input type="radio"/> Neutered male <input type="radio"/> Intact female <input type="radio"/> Spayed female <input type="radio"/> Unknown		
Rabies vaccine status (domestic ferrets only)	<input type="radio"/> Up to date (annual boosters required for ferrets) <input type="radio"/> Past due <input type="radio"/> Unknown		

REFERRAL SOURCE

If your pet has been examined by another veterinarian and they referred you to us, please provide information:

Veterinarian's name			
Hospital name		Okay to contact hospital for information?	<input type="radio"/> YES <input type="radio"/> NO
How did you hear about us?	<input type="radio"/> Our website <input type="radio"/> Internet (other) <input type="radio"/> Vet referral <input type="radio"/> Other:		

I hereby authorize and direct the veterinarians at Carolina Veterinary Specialists to diagnose, prescribe or administer medications (recognizing that some medications used may be off-label), and perform therapeutic procedures and/or surgery that their judgment may dictate to be advisable for the well-being of the patient. I also understand that no warranty or guarantee has been made as to the result or a cure, and that I am financially responsible for the authorized services performed.

Signature of owner or other Authorized Agent

Date

Photo and Video Release Form

I grant Carolina Veterinary Specialists and its representatives and employees the right to take photographs or videos of me and/or my pet(s), and to copyright, use, and publish the same in print and/or electronically.

I agree that Carolina Veterinary Specialists may use such photographs or videos of me and/or my pet with or without my pet's name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, education, web content, or social media.

Initials

_____ I **DO** permit Carolina Veterinary Specialists to take and use photographs and videos as described above

_____ I **DO NOT** permit Carolina Veterinary Specialists to take and use photographs and videos as described above

Financial Policies

Payment in full is expected at the time services are provided or upon discharge of your pet if your pet is hospitalized. Initial payment of the emergency exam fee is due prior to treatment for all emergencies.

We will provide a good-faith written estimate of the cost of our services before extensive evaluation or treatment of your pet or if your pet is hospitalized. However, unforeseen circumstances may arise that might influence your final bill. We will keep you updated daily regarding the amount due for hospitalized pets.

A deposit toward the cost of services is required for all emergencies and if your pet is hospitalized. In most instances, a deposit of 75% of the high end of the financial estimate is required for surgeries and other major procedures and for hospitalization services.

We accept payment by cash, check, Visa, MasterCard, American Express, and CareCredit (a third-party payment plan option for healthcare services).

We appreciate your understanding of our financial policies. Please do not hesitate to speak with us if you have any questions or concerns regarding these policies or any other financial matters.

Signature of owner or other Authorized Agent

Date