



** PLEASE WRITE LEGIBLY*

DATE: _____

PRIMARY PET OWNER: _____

SECONDARY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE: _____ SECONDARY PHONE: _____

CLIENT EMAIL ADDRESS: _____

(IF CLIENT EMAIL ADDRESS LEFT BLANK, NO REMINDERS OR CONFIRMATIONS WILL BE DONE)

ADDITIONAL CONTACT NAME: _____ PHONE: _____

ADDITIONAL CONTACT NAME: _____ PHONE: _____

Pet #1: _____

CAT DOG M or F

BREED: _____

AGE: _____

COLOR : _____

IS PET SPAYED/NEUTERED?: YES NO

Pet #2: _____

CAT DOG M or F

BREED: _____

AGE: _____

COLOR : _____

IS PET SPAYED/NEUTERED?: YES NO

Pet #3: _____

CAT DOG M or F

BREED: _____

AGE: _____

COLOR : _____

IS PET SPAYED/NEUTERED?: YES NO

Pet #4: _____

CAT DOG M or F

BREED: _____

AGE: _____

COLOR : _____

IS PET SPAYED/NEUTERED?: YES NO

PLEASE INITIAL NEXT TO EACH STATEMENT SHOWING YOU HAVE READ AND UNDERSTAND OUR POLICIES:

_____ I understand that payment is due at time services provided and no payment plans are offered by KAAWS Clinic.

_____ I understand that KAAWS only accepts cash, debit cards, Visa, MasterCard, & Discover as forms of payment.

_____ I understand KAAWS is by appointment only, and have been made aware of the late policies. If I arrive late for an appointment, the doctor will not be able to see my pet and I will need to re-schedule (paid deposit will be forfeit for surgery appointments). I also understand this means that as long as I am on time, my pet(s) will be seen in as timely a matter as possible, but a reasonable wait time is to be expected at a high volume facility.

_____ I understand that KAAWS has the right to refuse service to any person for any reason. KAAWS will immediately and permanently dismiss any client who treats any staff member(s) abusively and/or refuses to follow clinic policies.

_____ I understand that KAAWS has the right to refuse service to any patient for any reason. KAAWS will dismiss any patient who attempts to bite, becomes aggressive and/or has behavioral issues that require muzzling, specialized time or attention, equipment and/or medications for treatment. I understand that if my pet is refused service, I will be financially responsible for the lost appointment at a fee of \$19.50. AT NO TIME WILL AN OWNER BE ALLOWED TO ATTEMPT TO RESTRAIN THESE PETS FOR SERVICES!

_____ I understand KAAWS is not a full service facility and it is likely at some point, one or more of my pets may be referred to a full service veterinarian or emergency clinic for treatment as KAAWS is a wellness facility and has very limited time, diagnostics, medications and/ treatments available for sick or injured pets.

_____ I understand that KAAWS does not provide boarding or grooming services and only surgery patients will be allowed to stay at our facility during business hours. No pets will be allowed to remain after posted closing hours and will be considered abandoned.

_____ I understand that any person not listed as a contact on this form will not be allowed to schedule/ cancel/reschedule appointments, add or remove pets, purchase prescription medications, make changes to the account, or even obtain medical records on any pets. A new form will need to be filled out and signed by myself in order to add additional persons in the future.

_____ I understand if someone other than myself is bringing my pet in for services, I (the owner) am fully responsible for any late/no show/cancelation fees added to my account.

_____ Date: _____

Signature

KAAWS thanks you for allowing us to be your pet(s) wellness care provider! We look forward to serving you and your furry kids!