



199 Post Road West  
 Westport, CT 06880  
 (203) 226-1231  
 schulhofanimalhospital.com

**NEW PATIENT REGISTRATION**

Owner's Last Name:	Owner's First Name:	Spouse/Partner's Last Name:	Spouse/Partner's First Name:
Home Phone:	Cell Phone:	Spouse Cell Phone:	Work Phone:
Address: (Physical Address – No P.O. Boxes)*		City, State, Zip:	E-mail:
Driver's License #:	Employer/Business:	Address:	

**\*We require a physical address of residence even if you use a P.O. Box for mail. If you would like mail and reminders sent to a P.O. Box please note the address on the back of this form.**

Pet's Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered
Breed:	Color:	Birthdate:

Previous Major Health Problems:

Known Drug or Vaccine Allergies:

<p>Please tell us how you found out about us:</p> <p><input type="checkbox"/> Search Engine: _____</p> <p><input type="checkbox"/> Google                      <input type="checkbox"/> WASA</p> <p><input type="checkbox"/> SAH Website                <input type="checkbox"/> Professional Referral</p> <p><input type="checkbox"/> Drive-By                      <input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Animal Control            <input type="checkbox"/> Humane Society</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Friend or Family : _____</p>	<p>Is your pet currently taking a Heartworm preventative?</p> <p><input type="checkbox"/> YES            <input type="checkbox"/> NO</p> <p>Do you have children?</p> <p><input type="checkbox"/> YES            <input type="checkbox"/> NO</p> <p>Has your pet ever shown aggression towards people?</p> <p><input type="checkbox"/> YES            <input type="checkbox"/> NO</p> <p>Has your pet ever shown aggression towards other animals?</p> <p><input type="checkbox"/> YES            <input type="checkbox"/> NO</p>
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The above information is accurate and true to the best of my knowledge and I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



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Pet's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SCHULHOF ANIMAL HOSPITAL POLICIES

To insure better communication, and minimize misunderstanding, the following represents the current practice policies under which services are rendered at Schulhof Animal Hospital.

### **MEDICAL CARE**

The veterinarians and support staff at Schulhof Animal Hospital will do their utmost best to provide the highest quality care available. We pride ourselves in practicing complementary medicine. That is, while our staff is trained in traditional Western medicine, we also offer a variety of alternative therapies such as Homeopathy, Nutritional Supplementation, and Therapeutic Laser Therapy. Should you desire to explore any of these options please talk to us. If we feel your pet's medical condition warrants it, we will suggest a referral to a particular specialist.

### **PATIENT ARRIVAL**

For everyone's protection, **all dogs must be on a leash and properly controlled** while in our waiting area because there may be a dog in the waiting area or coming out of an appointment that is 'dog aggressive'. Please ask before letting your pet approach another client's pet. Please **do not allow your pet to roam freely around our building.** And please refrain from placing your pets on our counters or furniture. For their safety, all cats must be presented in an appropriate cat carrier or on a leash.

### **APPOINTMENTS**

To better serve you we strive to see every appointment on time. Therefore, we ask our clients to please make sure they are on time as well. To be fair to other clients, if you are more than 5 minutes late we may have to reschedule your appointment for the next available time slot. Emergency cases always receive top priority and may cause unavoidable appointment delays. We do apologize for the inconvenience that any delays may cause and we would like to thank you in advance for your patience and understanding. We ask that you give us at least 24 hours notice for canceling appointments and 72 hours notice for canceling surgical procedures. Otherwise a late cancelation fee will be added to your account.

### **DROP-OFF APPOINTMENTS**

Under certain circumstances we offer drop-off appointments. Pets that are dropped off will be seen between appointments or at the doctor's earliest convenience. Pets that are dropped-off for more than four hours will be charged an additional fee, unless the pet is in grooming or also getting a bath. All drop-off appointments will require a signed treatment plan and credit card imprint before any procedures are performed.

### **SURGICAL/DENTAL/MAJOR PROCEDURE DROP-OFFS**

Pets being dropped off for surgical/dental procedures or other major procedures must be dropped off between 7:30am - 8:30am. Pets must be fasted unless otherwise instructed. Please allow enough time in the AM to fill out the required paperwork. All paperwork must be filled out and signed by the owner. A signed treatment plan and credit card imprint is required at the time of drop off. You will receive a reminder call the day before the procedure. Please remember to bring which ever form of payment you wish to use when your pet is discharged, even if an imprint has been taken.

### **WALK-IN PROCEDURE HOURS**

We offer walk-in hours for specific procedures that do not require a doctor. These include: bordetella, blood work, pedicures, bandage changes, ear cleanings, subcutaneous fluids, medication administrations, and fanny trims. We do not take non-scheduled walk-in appointments, but same day appointments are often possible. If it is not an emergency and you would like your pet to be seen by a doctor, we will schedule you for the next available appointment slot if one is available.

### **EMERGENCIES**

We are able to accept emergencies during most business hours when there is a doctor on site. We request that you call ahead to let us know if you are bringing in an emergency case so that we can prepare accordingly. If there is not a doctor on site we will refer you to VCA Veterinary Referral and Emergency Center in Norwalk or VCA Shoreline Veterinary Referral and Emergency Center in Shelton. If it is a case that needs more intensive critical care than we feel we can provide, we will stabilize the patient, and then have the owner transfer them to one of the local emergency clinics. If care has been provided, payment is required at the time of discharge or transfer.

#### OVER-NIGHT CARE

We have a trained, live-in attendant who monitors hospitalized patients and performs bed checks on the pets boarding in our facility during the night-time hours. Critical cases that require constant watch by a doctor will be admitted to the Emergency Clinic for over-night monitoring.

#### TREATMENT PLANS (ESTIMATES)

We encourage clients to ask for an itemized treatment plan and to discuss treatment options with the doctors, particularly if you have monetary concerns. Treatment plans will automatically be provided for surgical/dental procedures and any elective procedures totaling over \$250. Emergency cases will be provided with a generic emergency treatment plan due to the urgency of the case and/or not knowing the extent of care needed ahead of time. **A signed treatment plan and credit card imprint is required before any procedure is performed.** Treatment plans are not commitments and are not binding. It is possible that additional charges may be incurred that may or may not be related to this procedure. We will do our best to alert you of any possible additional charges and provide you with the most accurate treatment plans possible.

#### DEPOSITS

We require a \$100 deposit before we will schedule a surgical or major procedure. If you do not show up for the procedure on the scheduled date, or do not give 72 hours notice before canceling a scheduled procedure, your deposit will be forfeited.

#### PAYMENT

We require payment either at the time the service is rendered, or when you pick up your pet. We accept cash, MasterCard, Visa, Discover, debit cards, CareCredit, and checks. *We do not accept American Express.* **We do not accept checks from new clients.** Checks will not be accepted without the driver's license number of the individual named on the check. If you send an employee, friend, or other family member to pick up your pet, please make certain that they have a valid means of payment. In the event of payment default, we will expect you to pay reasonable attorney's fees and costs of collection.

#### PAYMENT PLANS

We offer a 6-month interest free payment plan through CareCredit which is a healthcare credit card with a credit line for treatments and procedures. Each purchase begins a new 6-month interest free term for that particular purchase amount. Minimum monthly payments are required. Interest will be charged to your CareCredit account from the purchase date if the balance is not paid in full within the 6-month period. There are no up-front costs, and no-prepayment penalties. You can apply over the phone or online at: <http://www.carecredit.com/apply/>

#### RETURNED/BAD CHECKS

Issuing a bad check can be considered to be either a class A, B, or C misdemeanor or a class D felony depending on the amount of the bad check. If a check is bounced a \$35 Non-sufficient funds fee will be added to the total amount owed. We will make every effort to contact the check issuer in order to collect payment, including sending a certified return receipt letter to the last known address. If full payment is not collected within **21 days of the date the check was issued**, we will file a request for a fraudulent check arrest warrant with the Westport Police Department. Bad checks will be prosecuted to the fullest extent of the law.

#### PET INSURANCE

Pet insurance operates according to the "reimbursement" model, meaning the client pays the veterinarian 100% of the amount due and then the client submits the invoice for services rendered to the insurance company for reimbursement. Schulhof Animal Hospital does not work with, nor do we get any direct compensation from, any particular pet insurance company. We do however, at the very least, encourage our clients to get some form of emergency coverage for their pets. We are happy to help clients with their insurance submissions so they will receive their reimbursements in a timely fashion.

#### REFUNDS

Services rendered and most prescription medications are non-refundable. Any and all returns must be made within (1) month of the original purchase date. All of our prescription diets carry a palatability guarantee. Simply return the unused food and we will issue a 100% refund for any bag of dry food, and a 100% refund for any unopened canned food. The majority, but not all, of the products from on our retail wall are returnable, even if opened. You may return any unused doses of heartworm or flea & tick products purchased through us, as long as they are still in date.

Refunds will be either be placed on account or refunded in the manner they were paid for. If the original purchase was via check, then you will have to wait until after the check has been fully deposited into our bank before a refund will be issued. No refunds will be issued via check. Refunds issued back to a credit card are only done by the top managers and may have to wait until one is available.

#### PRESCRIPTION MEDICATIONS & RETURNS

By law we are not able to prescribe or dispense medications unless we have a current (within the last 13 months) doctor/patient relationship. If one of our doctors prescribes a prescription medication for your pet, you may ask for a written prescription to purchase that medication at the pharmacy of your choice. In compliance with state guidelines, all medications that have left the building of Schulhof Animal Hospital are non-returnable. Exceptions may be made for medications that are still sealed in their original containers or sealed in blister packs. If we have made an honest error and dispensed the wrong medication then we will issue a refund for that medication and dispose of that medication accordingly.

#### HEARTWORM PREVENTION

To protect your pet's health, we require that your pet have a negative heartworm test at least every 12 months before we can dispense or prescribe heartworm preventatives. If your pet has an undiagnosed adult heartworm infection, the use of heartworm preventatives could potentially have fatal consequences.

#### GROOMING

Grooming appointments are booked on a first come first serve basis. We require 48 hours' notice when canceling/rescheduling grooming appointments else you will be charged a no-show/late cancellation fee. Drop-off is between 7:30am & 8:30am on the day of your pets grooming appointment and your pet maybe discharged as late as 5:30pm. We may reschedule your appointment for another day if you arrive after 8:30am.

# GENERAL RELEASE, INFORMED CONSENT & ASSUMPTION OF RISK

## PLEASE READ THIS CAREFULLY

**No part(s) of this agreement nor any of our above polices are optional.**

This RELEASE of LIABILITY is made by and between Schulhof Animal Hospital, LLC, hereinafter designated SAH and the OWNER(S) indicated and who have signed below. In return for the use, today and on all future dates, of the boarding, grooming, and hospitalization services of SAH. The Owner(s), his/her heirs, assigns, and legal representatives, hereby expressly agree to the following:

**I agree** that I voluntarily choose to board, have my pet groomed, or hospitalized at SAH. I am fully aware and acknowledge that with the best of care and supervision there still remains inherent risks, dangers and possible injuries involved with certain "activities" that my dog may participate in, such as, but not limited to: daycare, boarding, hospitalization, grooming, one-on-one playtimes, social times, multiple dogs of one family sharing a kennel, and movement around the facility.

Risks, dangers and possible injuries include, but are not limited to:

- Exposure to parasites, viruses, and other medical conditions that may be passed from dog-to-dog;
- Digestive disturbances dues to stress, change of food, ingested foreign body, or parasites;
- Lacerations, nicks, cuts, abrasions, cage nose, or burns;
- Bite wounds, hot spots, ear infections, broken toenails, bruises, broken bones, and strained or torn ligaments;
- Bodily injury from exuberant play, accidental falls or miss-steps, confinement behaviors, grooming tools and equipment, containment spaces, and indoor/outdoor play areas;
- The provision of toys, treats, or additional bedding;
- The wearing of necessary identification;
- The use of necessary restraint;
- Fire, explosion, death, or escape;

**I further understand** that not each and every potential risk, danger, or injury can be listed above.

**Initial** \_\_\_\_\_

**I fully understand** that the possible stresses of boarding, grooming, hospitalization, and overall environmental change can result in unusual or unpredictable behaviors in my pet. SAH will be held harmless for any unpredictable behavior(s) exhibited by my pet and any potential injuries that may result from such behavior(s).

**Initial** \_\_\_\_\_

**I agree** to pay for any and all necessary medical care resulting from any injury or illness that may occur while my pet is at SAH, unless Schulhof management determines that an injury was caused by the gross negligence of a Schulhof staff member.

**Initial** \_\_\_\_\_

**I agree** that my pet shall be free from infection and contagious or transmissible diseases. I understand that SAH reserves the right to refuse my pet access to the premises or services if not in proper health or if my pet is deemed dangerous or undesirable.

**Initial** \_\_\_\_\_

**I agree** to abide by all of SAH's rules and policies.

**Initial** \_\_\_\_\_

**I understand** that SAH has no control and cannot be held liable for the storage, quality, contents, purity, listed medication instructions or any other aspect of medications purchased through an outside or online pharmacy. I also understand it is possible that a manufacturer may not guarantee their medication if it is not purchased through a reputable or VIPPS approved pharmacy.

**Initial** \_\_\_\_\_

**I agree** to hold SAH and all of its successors, assigns, agents, subsidiaries, affiliates, volunteers, officers, directors, and employees completely harmless and not liable and release them from all liability whatsoever.

**Initial** \_\_\_\_\_

**I agree** to indemnify and hold harmless SAH from any and all claims, causes of action, damages, judgments, costs or expenses, including attorneys' fees, which in any way arise from my use of SAH's services and facilities or presence upon SAH's property.

**Initial** \_\_\_\_\_

**I agree** not to sue SAH on account of or in connection with any claims for money or property, disability, covenant's, actions, suits, causes of action, obligations, debts, injuries, damages, costs, expenses, attorney's fees, judgments, orders and liabilities of whatsoever kind or nature, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any harm to me, or my pet, as a result of my use of SAH's services, or presence upon, SAH's property or facilities.

**Initial** \_\_\_\_\_

**I agree** that the provisions of this agreement are severable. If any court or other body of competent jurisdiction should decide that any provision of this agreement is found to be unreasonable, invalid, or unenforceable, the remainder of this agreement shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

**Initial** \_\_\_\_\_

**I agree** that this Agreement is the entire agreement of the parties, and supersedes all prior oral and written understandings and agreements. This agreement may only be modified by a written amendment signed by both parties.

**Initial** \_\_\_\_\_

**I acknowledge** that I have read and I understand the foregoing information, and that I do not need any further explanation. I hereby agree to abide by the terms and policies of Schulhof Animal Hospital outlined herein and execute this release and agreement. Any modifications to this agreement must be approved in writing by both parties; otherwise this agreement stands in its entirety. Failure to initial any of the sections above does not invalidate those sections. This Contract is non-assignable and non-transferable and is made and entered into the State of Connecticut, and shall be enforced and interpreted under the laws of this state.

By signing this agreement, I (We) hereby represent all interested parties and agree to this release and agreement in its entirety.

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

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

Printed Name: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_