

Central Animal Hospital

· 2417 Bull St. · Savannah, GA 31401 · (912) 234-4772 · www.centralanimalhospitalsav.com ·

· Dr. Cara Ann Hammons · Dr. Sarah Taylor ·

Client Registration

Owner's Name: _____ Spouse/Partner: _____

Mailing Address: _____ Zip Code: _____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

If you are retired or active military, police, firefighter, or senior citizen, please provide proof for a discount.

How did you hear of our hospital? Social Media Internet Drive-By Referral

Can we post pictures of your pets, as well as any cards or comments that you send us on our social media?

Yes No (No personal information will be included.)

Pet Registration

Pet Name: _____ Dog Cat Breed: _____

Color: _____ Date of birth: _____ Male Female Spayed/Neutered

Current medications: _____

Pet Name: _____ Dog Cat Breed: _____

Color: _____ Date of birth: _____ Male Female Spayed/Neutered

Current medications: _____

Pet Name: _____ Dog Cat Breed: _____

Color: _____ Date of birth: _____ Male Female Spayed/Neutered

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Below is our “No Call, No Show, and Late Policy” for appointments. We at Central Animal Hospital understand that sometimes you need to cancel or reschedule your appointment. However, when you do not call in advance to cancel your appointment, you may be preventing another pet from getting much needed treatment.

Please read and initial the following:

_____ **Late Arrival Policy:** We make every effort to be on time for all our appointments. Unfortunately, when even one patient arrives late, it can delay the entire schedule for that day. In addition, rushing or “squeezing in” an appointment shortchanges the patient and contributes to decreased quality of care. Therefore, a client that arrives late to their scheduled appointment will be rescheduled. We apologize for any inconvenience this might cause. New clients and double appointments that arrive late will lose their deposit and be required to leave another deposit for the rescheduled appointment.

_____ **Cancellation of an Appointment:** In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to attend your appointment. If it is necessary to cancel your scheduled appointment, we ask that you call at least 24 hours in advance. For new clients and double appointments that are not cancelled within 24 hours, the deposit will not be refunded and another deposit will need to be taken to schedule a new appointment. Appointments are in high demand, and your early cancellation will allow another patient access to timely veterinary care.

_____ **Appointment No Call, No Show Policy:** A “No Call, No Show” is a client who misses an appointment without calling to cancel the appointment. Failure to be present at the time of a scheduled appointment with no call to cancel will be recorded in the patient’s chart as a “No Call, No Show”. New clients and double appointments that “No Call, No Show” will lose their deposit, and a new deposit will need to be taken to schedule a new appointment.

_____ **The first time there is a “No Call, No Show”, we will contact you via phone to inform you of the missed appointment and remind you of our “No Call, No Show” policy. This does not apply to new clients or double appointments. If you do not cancel your appointment within the 24-hour notice period, the deposit for new clients and double appointments will NOT be refunded.**

_____ **If there is a second “No Call, No Show”, you will be charged a \$50.00 fee that will need to be paid at your next appointment.**

We appreciate your patience, understanding, and support. Central Animal Hospital strives to do all we can to serve your needs. If you have any questions or concerns about our policies, please let us know.

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above describe pet(s). I assume responsibility incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for a surgical/hospitalized treatment.

Signature of owner: _____ **Date:** _____