



Dr Jaclyn Pickerill

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CONTRACT FOR VETERINARY SERVICES

Thank You for retaining **Aina Hou Animal Hospital ("AHAH")** as your provider of veterinary health services. Patient and client care is vital to our business and we take great pride in serving you. This agreement will govern the veterinary services we provide to the Animal Owner ("Client") either directly or as approved by an authorized agent listed in this Agreement. This Agreement applies to all animals owned by Client and applies to any and all veterinary services provided by AHAH, including but not limited to, in or out-patient services, procedures, medicines and farm calls to any and all animals on Client's behalf listed on this Agreement.

Animal Owner Information (please print)

Name: _____ Cell # _____

& (Spouse/Partner if any) Name: _____ Cell # _____

Mailing Address: _____

City: _____ State _____ Zip _____

Email address: _____

Animal Information:

Pet Name	Age or Birth Date	Microchip #	Color	Breed & Gender	Spayed or Neutered?
1)					Yes / No
2)					Yes / No
3)					Yes / No
4)					Yes / No
5)					Yes / No

PREVIOUS VETERINARIAN NAME: _____ PHONE: _____

CITY/STATE PRIOR VETERINARIAN LOCATED IN: _____

APPROXIMATE DATE LAST SEEN BY PRIOR VET: _____

Please fill out the back side of this sheet



Services (required – please Initial each statement)

1. I/we are the owner or agent of the above listed animals and/or have the authority to execute this consent.
2. I/we understand that payment is due IN FULL at the time services are preformed. Any unpaid balance will be charged to the credit card listed below
3. I/we hereby authorize AHAH to utilize safe physical restraint, administer anesthetics/medications and perform necessary diagnostic and/or treatment procedure(s) as deemed advisable for my animal(s). I understand no guarantee has been made as to the results or care. I understand that there may be risks associated with these procedures and I accept those risks.
4. I/we indemnify and hold AHAH harmless from and against any and all liability arising out of the performance of any procedures referred to above as well as any loss or injuries due to care, custody or handling.
5. I/we will call at least 24 hours before scheduled appointments to cancel or reschedule and if we do not do so we acknowledge and agree to pay the \$50 cancellation fee, a no-show fee of \$100 for a standard appointment, OR \$100 late cancel / \$200 no show fee for Surgical appointments PER ANIMAL- by the end of the day that the appt is scheduled- using the credit card provided on my account. Fees apply to appointments made within 24 hours as well.
6. I/we understand that if I/we are 15 minutes or more late to my appointment, a \$25 late show fee will be added to my invoice. If I am late by 30 minutes or more then I/we are subject to the \$50 per animal cancellation fee.
7. I agree to provide AHAH with current information and data regarding any changes in address, credit cards or expiration dates, and AHAH is authorized to revise its records accordingly.
8. I/we understand that AHAH reserves the right to terminate this contract at any time before or during an appointment if AHAH does not receive all the necessary information requested on this contract or, if AHAH feels that the client/business relationship will not be in the best interest of the animal and all parties involved.
9. I/we understand that AHAH reserves the right to terminate this contract at any time before or during an appointment if AHAH at its sole discretion, determines that the client's animal poses a danger to the health or safety of the veterinary care provider of AHAH.
10. I/we understand that late charges of 1.5% per month and interest charges of 18% per annum will accrue on all overdue accounts (beyond 30 days) Returned checks will receive a \$25.00 penalty charge.
11. I/we understand that emergency services are provided on a first come first served basis. I agree that if I call the emergency operator or, if I contact the Dr directly - I will be charged the \$250 emergency fee.
12. I/we understand that this contract will be construed as consistent with the laws of the state of Hawaii.

*******PLEASE NOTE - PRESCRIPTION REFILLS MAY TAKE UP TO 24 HOURS TO BE FILLED*****
(PLEASE BE SURE TO CALL 24 HOURS IN ADVANCE FOR ANY REFILL REQUESTS)**

*******PLEASE READ THE ENTIRE SECTION BELOW*******

By signing below, I agree I have read, understand, and voluntarily agree to comply with the terms and conditions of the Agreement as a legally enforceable contract with Aina Hou Animal Hospital. I further understand and agree that veterinary services cannot be provided without my initials where requested above and my signature and payment information provided below. I am aware that the credit card provided will be held on file for the provisions enumerated above will be in effect for instances of late or non-payment as indicated and, I realize that I must provide payment at each appointment.

Please hand your credit card and Drivers License to our staff to file on your account

(Credit card & License info are required – even if paying cash)

To keep our pricing fair for all, Credit card payments will now include a 2.99% Service Fee.

HOWEVER, if you pay with CASH OR DEBIT, the 2.99% fee will not apply.

(Required)

Owner's Signature: _____ Today's Date: _____