



LEACH ANIMAL HOSPITAL, PC

482 Main Street
Mashpee, MA 02649

Tel: 508-477-3320
Fax: 508-477-2216

www.leachanimalhospital.com

Veterinary Service Agreement

Thank you for giving us the opportunity to care for your pet(s). Please complete the following forms:

OWNER INFORMATION

NAME _____ SPOUSE/OTHER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER PHONE _____ EXTENSION _____

OWNER'S DRIVER'S LICENSE # (kept confidential - for check writing privileges only) _____ STATE _____

HOW DID YOU **FIRST** HEAR ABOUT LEACH ANIMAL HOSPITAL? _____

FRIEND SIGN (DROVE BY) NEWSPAPER YELLOW PAGES OTHER, PLEASE SPECIFY

OR, WHOM MAY WE THANK FOR REFERRING YOU? _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

- I request that Leach Animal Hospital, PC veterinarians and staff perform the services which are necessary to the examination and medical treatment of the animal(s) presented by me. I am the owner or agent for the owner of the described animal(s) and have authority to execute this consent. Provider is hereinafter understood to mean Leach Animal Hospital, PC, its veterinarians, agents, and employees.
- I authorize the veterinarians on duty (and assistants they may designate) to examine the animal(s) and to administer medical treatment or emergency care which is considered therapeutically and/or diagnostically necessary on the basis of the examination findings. I, therefore, hereby consent to and authorize the performance of such procedures as deemed necessary and desirable in the veterinarian's professional judgment.
- I understand that the treatment of the patient(s) will be conducted with due care and in accordance with the prevailing standards of care in veterinary medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the Provider.
- Accounts over 30 days past due shall pay interest at the maximum legal rate. I agree to pay all attorney's fees, interest, collection costs and other costs of litigation incurred in the collection of past due accounts. This agreement shall be construed by the laws of Massachusetts and the trial courts of Barnstable County shall have original jurisdiction over any disputes involving this agreement.
- The Provider shall not be responsible for the loss, theft or destruction of any personal property left with my pet(s).
- I understand that an estimate may be provided at my request. I also consent to the release of medical information to other authorized veterinary and/or boarding facilities.
- I assume financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required upon discharge.
- **I authorize any person with possession of the described animal(s) in addition to myself to request veterinary care for the described animal(s) and have the authorization to make medical decisions for the described animal(s) in my absence. In addition, I understand all services/products rendered by that person will be my financial responsibility.**

SIGNATURE OF OWNER OR RESPONSIBLE AGENT DATE _____



Animal Medical History

Massachusetts law requires your pet(s) to have current Rabies vaccines. In the event that your pet(s) bite someone and the Rabies vaccine is not current, rabies quarantine will be required.

PET# 1

DOG _____ CAT _____ RABBIT _____ BIRD _____ REPTILE _____ OTHER (SPECIFY) _____

NAME _____ BREED _____

SEX _____ NEUTERED/SPAYED? _____ COLOR _____

DATE OF BIRTH OR ESTIMATED AGE _____

VACCINATION HISTORY (PLEASE GIVE DATES OF LAST VACCINATIONS)

DOG

DHLP/PARVO _____ DISTEMPER _____

RABIES _____ EXPIRES _____

LYME _____

HEARTWORM TEST _____

FECAL _____

CAT

RVRCP _____

RABIES _____

LEUKEMIA _____

FELV/FIV TEST _____

FECAL _____

NAME OF VETERINARIAN WHO GAVE VACCINATIONS _____ PHONE _____

Has your pet had any previous serious illnesses or surgeries?

Does your pet have any allergies to vaccinations or medications?

Is your pet on any special medications or diets?

Has your pet ever shown aggressive behavior toward people or other animals? If so, please explain:

Is your pet currently taking heartworm prevention? Yes _____ No _____

Do you brush your pet's teeth? Yes _____ No _____ Date of last professional Dental Cleaning _____

Is your pet microchipped? Yes _____ No _____ If so, Microchip ID# _____



Animal Medical History

Massachusetts law requires your pet(s) to have current Rabies vaccines. In the event that your pet(s) bite someone and the Rabies vaccine is not current, rabies quarantine will be required.

PET# 2

DOG _____ CAT _____ RABBIT _____ BIRD _____ REPTILE _____ OTHER (SPECIFY) _____

NAME _____ BREED _____

SEX _____ NEUTERED/SPAYED? _____ COLOR _____

DATE OF BIRTH OR ESTIMATED AGE _____

VACCINATION HISTORY (PLEASE GIVE DATES OF LAST VACCINATIONS)

DOG

DHLP/PARVO _____ DISTEMPER _____

RABIES _____ EXPIRES _____

LYME _____

HEARTWORM TEST _____

FECAL _____

CAT

RVRCP _____

RABIES _____

LEUKEMIA _____

FELV/FIV TEST _____

FECAL _____

NAME OF VETERINARIAN WHO GAVE VACCINATIONS _____ PHONE _____

Has your pet had any previous serious illnesses or surgeries?

Does your pet have any allergies to vaccinations or medications?

Is your pet on any special medications or diets?

Has your pet ever shown aggressive behavior toward people or other animals? If so, please explain:

Is your pet currently taking heartworm prevention? Yes _____ No _____

Do you brush your pet's teeth? Yes _____ No _____ Date of last professional Dental Cleaning _____

Is your pet microchipped? Yes _____ No _____ If so, Microchip ID# _____