



Alta Rancho PET & BIRD HOSPITAL

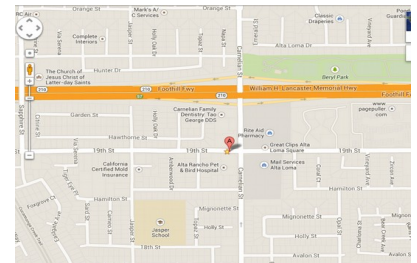
Reid Shufer, DVM & Kathy Henderson, DVM

8677 19th Street
Rancho Cucamonga, CA 91711
909-980-3575
arphweb@altaranchopet.com
AltaRanchoPet.com

WELCOME TO ALTA RANCHO PET AND BIRD HOSPITAL

We would like to welcome you to Alta Rancho Pet and Bird Hospital. We are looking forward to meeting you and your pets and to establishing a long lasting relationship with you. In an effort to make your first visit as smooth as possible, we are sending your our new client paperwork, which we need to establish your account in our database. Please take a few moments to fill in the forms as thoroughly as possible. When you have completed the forms, you can email them back to us at arphweb@aol.com, or print them out and fax them to us at 909-948-5167.

How to find us: We are conveniently located on the SW corner of 19th street and Carnelian, 1 block south of the 210 freeway. Click on the picture below for google maps.



What To Expect On Your First Visit:

- ♥ When you bring your pet to us, please be sure that he/she is on a leash or in a carrier for safety reasons.
- ♥ If you have forwarded these forms to us, your chart should be ready to go when you arrive. If you have not returned the forms, no worries, you can fill in our intake forms in the reception area. Please come 15 minutes earlier than your scheduled appointment so that you can fill out the form.
- ♥ Once your chart is established, you and your pet will be taken into the exam room where our technicians will weigh your pet and take their temperature. Then he/she will take the history for the doctor and discuss basic prevention issues such as nutrition, vaccinations, parasite control, skin care etc.
- ♥ Next the doctor will come in and examine your pet, checking the ears, eyes, nose, teeth, heart, lungs, abdomen, skin, muscles and bones etc.
- ♥ After the physical is complete, the doctor will develop a diagnostic and treatment plan to help your pet. He/She will present discuss the treatment options and their attendant costs. You will have an opportunity to ask any questions and decide which treatment plan you wish to pursue.
- ♥ Fees are due at the time of service, so please bring payment in the form of cash, debit, visa, mastercard, discover, American express, or Care Credit card. **We do not accept checks for payment.**
- ♥ If we need to run tests, you may need to leave your pet with us for a period of time. If this occurs, it will be helpful if you have a cell phone with you so that we may contact you if you leave the premises.



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Please Help Us Prepare For Your Visit

Thank you for making an appointment with us for your pet. Please fill in the attached form using adobe acrobat reader, your browser or other .pdf reader. If you need a free copy of adobe reader, [click here](#).

Once you have completed the form, please e-mail it back to us in advance of your visit at Arphweb@altaranchopet.com.

This will allow us to prepare for your visit and serve you more efficiently.

If you have any questions, please feel free to call us at 909-980-3575, or e-mail to Arphweb@altaranchopet.com.

We look forward to serving you and your pet.

Sincerely,

Alta Rancho Pet & Bird Hospital Reception Staff..

If you have any questions or concerns, prior to your appointment, please feel free to contact us at 909-980-3575, or e-mail . arphweb@altaranchopet.com



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NEW CLIENT INFORMATION

Welcome to Alta Rancho Pet & Bird Hospital. We are happy that you have chosen us to care for your valuable pets. Please take a few moments to fill out the following questionnaire. The information requested will help us to provide you with the high quality service that you deserve.

CLIENT INFORMATION:

NAME: SPOUSE'S NAME:

Address: City: State: Zip:

Home Phone: Work Phone: Ext:

Spouse's Work Phone: Ext: Cell phone: Spouse's Cell

E-mail address: May we notify you about pet related news and information via email?

Spouse's E-mail:

HOW DID YOU HEAR ABOUT OUR PRACTICE?

   **SIGN**

Shelter Other: Please specify

Friend: (please tell us who referred you so that we may thank them

FINANCIAL INFORMATION:

WE ACCEPT CASH, DEBIT CARD, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, AND CARE CREDIT. WE DO NOT ACCEPT CHECKS AS A FORM OF PAYMENT. ALL PAYMENT IS DUE & PAYABLE AT THE TIME OF SERVICE.

PET INFORMATION:

Name: Species: Breed:

Color: Sex: Date of Birth:

Microchip: Would you like us to implant a microchip today?

What age did you obtain your pet? At what age was your pet sterilized?

Is your pet currently taking any medication? (Please specify drug name, amount and frequency):

Previous Veterinarian (If Applicable): May we request medical records?

When was your pet last vaccinated against the following diseases?

Dogs: Distemper (combo) Parvovirus Bordetella Influenza Rabies

Cats: Distemper Chlamydia Leukemia Rabies

Thank you for taking the time to fill out this form. We look forward to meeting you and your pets. .



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PRESENTING COMPLAINT

PET NAME: **CLIENT NAME:** **ID: <NUMBER?>**
SPECIES: <SPECIES> BREED <BREED> STATUS: **DOCTOR PREFERENCE:**

REASON FOR EXAMINATION: **OTHER:** **DATE:**

PROBLEMS: EYES: **EARS:** **NOSE:** **LAMENESS:**

How long have the symptoms been present? **Has the problem been getting:**

Are any other pets in the house ill? **If Yes Please Explain:**

Has your pet recently exhibited any of the following signs? (Please check the box and explain below)

- Vomiting Diarrhea Coughing Sneezing Difficulty Breathing Weakness
 Seizures Weight Change Scratching Hair Loss Change in Thirst or Urine Change in Appetite

What is your pet's current diet?

Is your pet currently taking flea control medications? **If Yes, Which Product?**

Is your pet currently taking Heartworm Preventative? **If Yes, Which Product?**

If it is medically appropriate, would you like us to vaccinate your pet today?

Would you like us to test your pet's stool for intestinal parasites?

Would you like us to test your pet for heartworm infection with a simple blood test?

Would you like us to give you a quote for cleaning your pet's teeth today?

Is there anything else you would like the doctor to address during the exam?

Office Use Only: Appt Time: <appt-time> Arrived: In Room:

Photo Email/Phone/Address Checked: Receptionist: <current-username> Tech:

Weight: Temp: Body Condition Score:

Vaccines K9:

Vaccines Fel:

Lab: Other:

Services: Other:



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HOSPITAL POLICIES:

Welcome to Alta Rancho Pet & Bird Hospital! Please take a moment to familiarize yourself with our financial and medical policies. If you have any questions regarding these or any of our policies or practices, we are happy to discuss them.

- ♥ Please feel free to discuss fees in advance of treatment, as **all fees are due and payable at the time of service.**
- ♥ Payment may be either cash, ATM/Debit Card, Visa, Discover, American Express, and MasterCard. **We no longer accept checks for payment.**
- ♥ Financing **MAY** be available with approved credit through **Care Credit**. Inquire with our reception staff for details.
- ♥ A service charge of \$25.00 will be charged for any returned checks. Once a check has been returned to us from the bank, we will not accept further checks for payment for a period of at least one year.
- ♥ A service charge of 1.5% per month will be applied to any outstanding balances.
- ♥ A deposit of at least 50% of the estimated cost of treatment is required for all hospitalized or surgical patients.
- ♥ A deposit of at least 75% is required for boarding stays.
- ♥ For their safety and the safety of others, we require that **all pets be on leashes or in carriers.**
- ♥ For the safety of your pet and of all our patients, all boarding pets must have proof of current vaccinations **performed by a licensed veterinarian**. If proof is unavailable, we will administer them at admission at our normal fees. Alternately, proof of adequate vaccine titers performed by a veterinarian within 6 months of boarding will be acceptable as proof of vaccination..
- ♥ If your pet is admitted to our hospital for any reason, vaccines are required. In certain circumstances, the doctor may opt to forego vaccination (if your pet is too ill) and your pet will be placed in our isolation ward at additional expense to you. If you prefer to not have vaccines administered at that time of hospitalization, we will keep your pet in an isolation room with any other animals who have no proof of vaccines to protect the rest of the pets from diseases. There is an additional fee for the extra care required to keep your pet isolated from the other pets. The reception staff can give you the cost for this service.
- ♥ Due to the size of our hospital, we do not have a staff member on the premises throughout the night. In the majority of cases, this does not pose any undue risk to your pet. In cases where your pet is in need of 24 hour monitoring, we recommend the facilities at the California Veterinary Specialists in Ontario. You may transport your pet there at your request if it is deemed necessary and/or if you prefer such care. Of course, you will be responsible for the fees incurred at the emergency clinic and must arrange payment with them directly.
- ♥ **Drug/Product Return:**
In accordance with California State law, we are unable to resell drugs or products which have been previously dispensed. Therefore, we cannot refund the cost of any prescription drugs or products which have been dispensed.

Clients wishing to donate unused drugs to other clients who are financially unable to purchase the drugs may do so at the discretion of the management. Expired drugs and controlled substances (opiates, sedatives etc) cannot be utilized for this purpose

Food: Hill's Prescription Diets and Healthy Advantage Diets are unconditionally guaranteed. If your pet will not eat the food, or you are dissatisfied for any reason, you may return the food for a full refund or exchange for an alternate Hill's product within 2 weeks of purchase.

♥ **Consent for Use of Pictures and Names**

We like to keep a dynamic online community and from time to time, we post pictures of our clients and patients online or in promotional materials. This activity allows fellow pet owners to learn and enjoy from your pet's experience. Please indicate your preference regarding the use of images in this manner:

I hereby grant Alta Rancho Pet & Bird Hospital, permission to photograph my pet(s) and myself and to use these photos as well as my name and my pet's name(s) for any of the following purposes:

- Web Site
- Promotional Materials and marketing
- Display
- Social Media (included but not limited to, Facebook, Twitter, Google Plus, Instagram)

I hereby waive the right to charge for use of the pictures and my name or to inspect or approve the images prior to any form of usage. I understand that the images may be modified to prior to publication.

I, have read the policies put forth above and I understand them fully. I agree to adhere to these policies as a client of Alta Rancho Pet & Bird Hospital.

Signed: Date: 08/15/19

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X
