



Welcome Back to the Animal Hospital of North Asheville

(please return to a Client Care Team member at the front desk)

We appreciate the chance to provide the best medical care for your pet. We want to ensure we offer the best communication options possible.

How is your pet feeling today?



Have there been any changes since your last visit: (if so, please list below)

Address: No () YES: _____

Phone number(s): No () YES: _____

Please verify your Email address: _____

What is the best way to contact you? : Phone () Email ()

We are happy to fill your prescriptions or have your food order ready for pick up when you need them. Please call ahead with enough notice (preferable 24hrs) and we will have your order ready when you arrive. ***If your pet has not been seen within 12 months by a doctor, your medicine and food will not be refilled until an appointment is made.***

We love social media! Do we have permission to share your pet's image and story on our social media, website, facebook, and other forms of related media? Your personal information will never be shared. **YES / NO**

If your pet is past due on the Rabies vaccination our veterinarians can decline examination unless this is updated today. The exception to this would be if your pet has a medical condition that would contraindicate this. You, the owner, agree to assume the responsibility for the care and actions of your pet. Rabies vaccination is required under North Carolina Law. If any pet bites anyone at AHNA, by law, a rabies control officer must be notified and the pet may be quarantined. Quarantine requirements may be stricter for pets not current on the rabies vaccination.

We gladly accept cash, debit, all major credit cards and checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients. We also work with all types of pet insurance, but encourage families to research their individual fee schedule for best possible coverage. ***For your convenience at checkout, how will you be paying today?*** Credit Card () Debit Card () Cash () Check () Care Credit ()

I understand that payment is **ALWAYS DUE IN FULL** at the time of service. I recognize that financial concerns should be discussed **PRIOR** to exam and treatment.

I certify I am the owner and hereby authorize the veterinarian to examine, prescribe for or treat the below patient. I assume responsibility for all charges incurred in the care of this animal.

Owner's Name: _____ (Printed)

Patient Name: _____ (Printed)

Owner's Signature _____ Date: _____