



## Janssen Veterinary Clinic

2420 W. 236<sup>th</sup> Street – Sheridan, IN 46069

Phone: (317) 758-4865 Fax: (317) 758-6055

### REPRODUCTION - NEW CLIENT/PATIENT INFORMATION

Owner Information					
Last Name:		First Name:		Referring Veterinarian:	
Are you a new or existing client? <input type="checkbox"/> New <input type="checkbox"/> Existing		Email Address:			
Address:		City:		State:	Zip:
Cell Number:		Alternate Number:		Authorized Agent/Phone:	

Patient Information					
Registered Name:		Previous Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate:	
Name:		Breed:	Color:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Vaccination Dates:	Distemper DAPP:	Leptospirosis LEPTO:	Kennel Cough / Bordetella KC:		
Other:	Canine Influenza Virus CIV:	Rabies RV:	Feline Immunodeficiency Virus/Leukemia Virus FIV/FelV:		

MALE:		
Today's Date:	Patient weight:	
Has Male been collected before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Brucella Test (within 1 year): <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> None	
Health Conditions:		
FEMALE:		
Today's Date:	Patient weight:	
History (Past Pregnancies/Breeding):		
For Cycle Management	First day of spotting:	Progesterone Testing:
Semen Type: <input type="checkbox"/> Fresh/Side-by-side (bringing male) <input type="checkbox"/> Cooled/Shipped <input type="checkbox"/> Frozen		
For Preg check or Puppy count	Breeding Dates:	

### FINANCIAL RESPONSIBILITY

Payment Information		
<p>By signing below, I certify that I own/have assumed financial responsibility for the above animal, and I do hereby consent and authorize Janssen Veterinary Clinic and its staff to hospitalize this animal, and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety or well-being of the above animal while it is under their care and supervision. If this animal should injure itself in an escape attempt, refuse food, become ill, or die while in the hospital, I will hold Janssen Veterinary Clinic free of any responsibility and/or liability in the absence of gross negligence. I acknowledge and agree that I am responsible for payment in full at the time the animal is discharged for any and all treatments and services rendered. If I neglect to pick up the animal that is ready for release within five (5) days of written notice, delivered to the above address, Janssen Veterinary Clinic may assume that the animal is abandoned. Janssen Veterinary Clinic, in its sole discretion, is then authorized to make arrangements for the animal as they see fit. However, abandonment does not release me of my payment obligations for the costs incurred by Janssen Veterinary Clinic for treatments and services rendered. I further acknowledge and agree that in the event I fail to make timely payment in full, I will incur a finance charge of 1 3/4% per month (21% per annum) and will be responsible for such charges, together with the costs of collection (including attorney fees), in addition to the principal amount owed by me. If payment arrangements have not been made within 60 days of service, this account will be given to a collections agency. An additional non-refundable fee of \$30.00 will be added to my account. This fee covers the cost of the collections agency and will be included with the additional interest, costs of collection, and attorney fees.</p>		
Is Pet Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Company:	
<b>Janssen Veterinary Clinic's payment policy is payment at time of service. Please indicate your method of payment.</b>		
<input type="checkbox"/> Credit Card Number: (Please call in to front office for PCI compliance or swipe card on arrival into software) Name as it appears on card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Care Credit	Expiration Date:
<input type="checkbox"/> Check Number or Cash:	Amount:	
Signature: _____ Date: _____		
Printed Name: _____		
<b>Deposit due at admission and balance due at time of discharge</b>		