



ANNUAL OWNER INTAKE FORM

Peavineanimalhospital.com - phone: 775-800-1294

1440 North Hills Blvd. Reno, NV 89506

Please fill out and email form to: info@peavineanimalhospital.com or bring it to your scheduled appointment

PRIMARY OWNER INFORMATION

Pet Owner / Responsible Agent (s): _____

Primary Phone: _____ Secondary: _____

Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

SECONDARY AUTHORIZED OWNER INFORMATION

Secondary Agent (s): _____

Primary Phone: _____ Secondary: _____

Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Please note: Only the PRIMARY owner has permission to move patients to/from their account and change account information on file. If this annual form conflicts with the information already on file, we will need to call and receive verbal consent from the current primary owner on file to make any adjustments listed above.

Secondary owners have access to any and all files and record information, along with medical/treatment authorizations.

Payment Terms and Conditions

All payments are due at the time services are rendered.

Peavine Animal Hospital only accepts cash in exact change and does not accept check payments, nor provide payment plans. We accept all major credit cards including Visa, Mastercard, Discover, and American Express.

We also accept Care Credit which has an opportunity for interest-free financing should you qualify, with restrictions.

1. Deposits at the minimum of \$200 are required when scheduling any surgical procedure and will be forfeited with <72-hour cancellation notice.
2. Due to limited availability and the prevention of allowing other pets to seek medical care, any no-show appointments or those cancelled < 24-hours, will be required to pay a fee in the price of the exam prior to rescheduling and future deposits will be required at the time of scheduling.

Should you need financial assistance for veterinary care you can reach out to the following programs:

- Red Rover
- Todd's Fund / SPCA
- Shakespeare Animal Fund

Leash and Carrier Policy

Dogs

All dogs entering the hospital must be fitted with a **slip leash**. This serves as a security measure to prevent pets from escaping other restraints, which could lead to loose patients, dog fights, and potential bites. Slip leads are to stay in place until the pet has been fully secured in the owner's vehicle. If you do not have one, please seek a receptionist so one can temporarily be provided for you.

Cats

Cats must be transported to and from the hospital in a carrier. Due to their climbing ability, leashes are not permitted for cats, and they must remain in a carrier at all times until instructed by a team member.

Owner Acknowledgement

By signing below, I acknowledge that all the information provided above is accurate and complete to the best of my knowledge and I sign declaring I am a responsible agent. I am aware that only the primary account holder has the right to move any patient from their account or make account changes, and without their consent any and all changes or transfers will not be completed. I acknowledge that the secondary owner has rights and access to all information on file and has the right to make medical/treatment decisions.

I also sign in acknowledgment that I have reviewed and agreed with Peavine's payment terms and conditions, along with their leash and carrier policy. Should I disagree, Peavine has the right to refuse service.

By signing below I am also aware that Peavine Animal Hospital uses an AI-based software for record-keeping purposes to document all relevant medical information in conversations with any and all of Peavine Animal Hospital's Team.

Owner Signature: _____

Printed Name: _____

Date. _____