## Carrollwood Community Animal Hospital 4227 Gunn Highway Tampa, FL 33618 813-962-1010

Dear Client,

We would like to welcome you and your pet(s) to Carrollwood Community Animal Hospital. We are a small practice with a dedicated staff and therefore on each of your visits you will be greeted by one of our long term employees Marely, Briana, Arrington (2 years), Bettye (9 years), Nicole (12 years), or Erika (20 years) and your pet will enjoy the consistent care of Dr. Jones during each of their exams. We hope you enjoy our small office and big hearts as we care for your pet in the same manner we care for our own.

If you or your pet(s) require any special accommodations, please let us know when you schedule their appointment. We are happy to accommodate pets who are extremely anxious or are aggressive towards other animals or people. We can schedule your appointment around empty time slots or bring your pet in and out a different door. Just make us aware when scheduling.

Here at CCAH we provide most services your pet will need such as wellness exams and vaccines, boarding, dental care, labwork, treatment for injuries and illnesses and most surgeries as well as advice about diet, flea and heartworm control, and behavioral issues. Dr. Jones also works closely with the Board-Certified Specialists at Blue Pearl as needed for the care of his patients. We can also prescribe most medications needed for your pet while in our office.

In order to make the most out of our scheduled time for exams we require that all new clients arrive 15 minutes prior to your first appointment. We would also appreciate if time permits providing any previous records including vaccine status and anything that is pertinent to the days visit prior to the appointment. When your appointment is scheduled, we will request an email where we can provide you our new client paperwork or you may download and print it from our website Carrollwoodvet.com. Receiving this information prior to your arrival will enable the check-in process to go smoothly. We are happy to receive records via fax 813-962-2882 or email Carrollwoodvet@verizon.net.

Because we are a small office, we can offer more personalized attention to you. We offer clients who have a hard time remembering to give monthly flea and heartworm medication reminders via email, text or phone call. If you would like to be set up on our reminder system, please let us know and we would be happy to take care of that for you. CCAH recently launched an app called PetDesk for your phone where you can Request Appts, access your pet's vaccine records, order/refill medications, set reminders, receive updates from us, and manage recurring pet care tasks. The app can be downloaded via the App Store or Google Play. We also provide reminders when the time comes to purchase flea and heartworm prevention.

We are proud to be entrusted with the care of your pet(s). We look forward too many happy and healthy visits with you!

Sincerely,

## **CCAH Policies**

Please take a moment to look over our policies and initial where required.

### **Appointment policy**

We understand that life is unpredictable and because of this you may have an occasion you are not able to make it to your appointment. If possible, we ask that you provide 24 hours' notice if you are unable to make it to a scheduled appointment. If you arrive more than 10 minutes late for an appointment, we will do our very best to get your pet seen. However, it may also be necessary to reschedule you for a different a day.

#### Policy on aggressive animals

While we understand every pet is different and some pets enjoy the vet's office and some don't, we are happy to handle both kinds. We do ask that if your pet has been aggressive in the past at a vet office or when not in their home environment you make us aware of that ahead of time. We want to be able to handle your pet safely. Our goal is that everyone walks away with an enjoyable and non-traumatizing experience. To do that we may ask that you muzzle any potentially aggressive dogs prior to entering the exam room and that you bring cats and small dogs in soft sided carriers. This allows us to move quickly and decreases the time your pet must be handled. If you are unable to muzzle your dog or your cat will not allow us to proceed with an exam we may recommend returning on a different day when you can provide your pet with an oral sedative to relax them for the exam or in some cases we may also recommend giving them an injection which will allow for a proper physical. In both cases there will be an extra fee for the oral and injectable medication.

#### Policy on medication refills

Most medication refills are available same day however, if your pet is on a specialized medication, we may not always have the medication in stock, and it may require additional days to get it into the office. Please watch as your medication is getting low so that we can make sure your pet does not miss a dose. You may now make medication refill requests through PetDesk.

#### Policy on written prescription

There may be a time where a written prescription is needed. In these cases, we require at least 24 hours' notice for said prescription. We do not email, fax, or mail any prescriptions. If your pet is on certain controlled medications, we are unable by law to write the script for more than a one-month supply at a time. If you are requesting a script for an online pharmacy, you may obtain the script from us and mail it to them directly as we don't recommend or endorse any online pharmacy.

#### Policy on email usage

As part of our new client form, we request an email address. Your email address is used for such things as communication between the hospital staff and you, reminders for appointments, services coming due, and preventions and occasionally our manufacturing partners will request emails to provide coupons and rebates for items you have purchased.

Carrollwood Community Animal Hospital

4227 Gunn Highway
Tampa, FL 33618

(813) 963, 1919

(813) 962-1010

	Info	mation About You		
Owner's Name:		Other Responsible I	Party:	
		_	-	
Street	Apt. #	City	State	Zip Code
Cell:	Work/Home:	Spouse/Partner Cell:	W	Vork:
Employer:	S	pouse/Partner's Employer:		
Email address:		Secondary Email:		
	Informa	tion About Your Pet(s)		
Pet's Name:		Cat □ Dog □ Other	Breed:	
	Sex:	-		ed/Spayed? □ Yes □ No
	m/Flea Prevention?	-		•
• •	ast vaccinated? (Approximate of			
	_// Distemper/Parvo			
Cat: Rabies	/ Feline Diste	emper/	Feline Leukemia	
Pet's Name:		Cat Dog Other	Breed	l:
Color:	Sex:	Age:	Neutere	ed/Spayed? 🗆 Yes 🗆 No
Is your pet on Heartwork	m/Flea Prevention?	If so, what kind?		
When your pet was l	ast vaccinated? (Approximate of	late)/	_ Last Heartworm T	est?/
Dog: Rabies	_// Distemper/Parvo	/Bordetella	/ СГ	V/
Cat: Rabies	//Feline Diste	emper/	Feline Leukemia	/
	How Did You Bo	ecome Aware of Our Ho	spital?	
□ Hospital Sign	n □ Yellow Pages □ Googl	o □ Moil □ onother onl	ina saarah angina 🗆	Pravious Client
			· ·	
	vidual who we may thank			
		Payment Policy		
Professional fees are t	o be paid at the time services	are rendered. We do not	carry open accoun	ts and hope that these
alternatives are con	venient to you: CASH, AME	RICAN EXPRESS, ATM/	DEBIT, CARE CR	REDIT, DISCOVER,
	MAST	TERCARD and VISA.		
<b>.</b>			• . •	
	de a written estimate of fees f	_		
ho	spitalization will be provided	. A deposit prior to treatn	nent may be requir	ed.
Owner Signature		Printed Name		Today's Date

# Additional Pet(s)

Pet's Name:	□ Cat □ Dog □	Other	Breed:
Color: So	ex: Age	e:	Neutered/Spayed? $\square$ Yes $\square$ No
Is your pet on Heartworm/Flea Prevention? _	If so, what kin	id?	
When your pet was last vaccinated? (App	roximate date)/_	/Last	Heartworm Test?/
Dog: Rabies/ Disten	nper/Parvo//	Bordetella/_	/CIV/
Cat: Rabies/ For	eline Distemper/_	/ Feline	Leukemia/
Pet's Name:	☐ Cat ☐ Dog ☐	Other	Breed:
Color: So	ex: Age	e:	Neutered/Spayed? $\square$ Yes $\square$ No
Is your pet on Heartworm/Flea Prevention? _	If so, what kin	ıd?	
When your pet was last vaccinated? (App	roximate date)/_	/Last	Heartworm Test?/
Dog: Rabies/ Disten	nper/Parvo//	Bordetella/_	/CIV/
Cat: Rabies/ Fe	eline Distemper/_	/ Feline	Leukemia/
Pet's Name:		Other	Breed:
Color: So	ex: Age	e:	Neutered/Spayed? □ Yes □ No
Is your pet on Heartworm/Flea Prevention? _	If so, what kin	id?	
When your pet was last vaccinated? (App	roximate date)/_		Heartworm Test?/
When your pet was last vaccinated? (App Dog: Rabies/ Disten		/ Last	
	nper/Parvo//	/Last Bordetella/_	/CIV/
Dog: Rabies// Disten	nper/Parvo//	/ Last Bordetella/ / Feline	/ CIV/ Leukemia//
Dog: Rabies/ Disten  Cat: Rabies/ Fe	nper/Parvo//	/ LastBordetella/ Feline Other	/ CIV/ Leukemia// Breed:
Dog: Rabies/ Disten  Cat: Rabies/ For example 1. Cat: Pet's Name: For example 2. Cat:	nper/Parvo//	/LastBordetella/Feline Other	CIV/ Leukemia/Breed: Neutered/Spayed? □ Yes □ No
Dog:         Rabies//	nper/Parvo//_eline Distemper/_eline Distemper/_ex: AgeIf so, what kin	/LastBordetella/Feline Other e: ad?	CIV/ Leukemia/Breed: Neutered/Spayed? □ Yes □ No
Dog: Rabies// Distence Cat: Rabies// For some series/ For some series/ Some series	nper/Parvo//		CIV
Dog: Rabies// Distendent Dog: Rabies// For the Cat: Rabies// For the Pet's Name: Solution	nper/Parvo//		
Dog: Rabies// Distendent Dog: Rabies// Distendent Dog: Rabies// For Dog: Rabies// Distendent Dog: Rabies/// Distendent Dog: Rabies/// Distendent Dog: Rabies/////	nper/Parvo// eline Distemper/_  Cat □ Dog □ ex: Age If so, what kin roximate date)/_ nper/Parvo// eline Distemper/_		
Dog: Rabies// Distendent Cat: Rabies// For For Pet's Name: Soliton: Soliton: Soliton: Soliton Soliton:	nper/Parvo/		
Dog: Rabies/ Distenct Cat: Rabies/ For Pet's Name: Solution    Color: Solution    Is your pet on Heartworm/Flea Prevention? When your pet was last vaccinated? (App Dog: Rabies// Distenct Cat: Rabies// For Pet's Name:/ For Pet's Name:// For Pet's Name:/// For Pet's Name:///// For Pet's Name:///	nper/Parvo/		
Dog: Rabies/ Distenct Cat: Rabies/ For Pet's Name: Solution    Color: Solution    Solution    Solution    Solution    Pet's Name:    Color: Solution    Cat: Rabies//    Pet's Name: Solution    Color: Solution    Solution    Solution    Solution    Solution    Cat: Rabies//    Solution    S	nper/Parvo/		
Dog: Rabies/ Distence Cat: Rabies/ For Pet's Name: Soliton So	nper/Parvo/		