



# BULL CREEK

## VETERINARY SERVICE

1420 W Green St.  
Hastings, MI 49058  
269-948-2222  
bullcreekvet@wowway.biz  
www.bullcreekvets.com

*Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted,  
please complete the following:*

CLIENT INFORMATION DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Driver's License # \_\_\_\_\_

*\*Required by the State of Michigan for Certain Medications.*

### PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED

*We accept: Cash, Mastercard, Visa, Discover, American Express, Care Credit, and Personal Checks*

*(There will be a \$35 charge for return checks.) Tax Exempt:  Yes  No*

Previous Veterinarian: \_\_\_\_\_

#### PATIENT INFORMATION:

Name:			
Breed:			
DOB:			
Color:			
Sex:			
Spayed/Neutered			
Dog Vaccination History:			
Rabies			
Distemper			
Kennel Cough			
Lepto			
Lyme			
Heartworm Test			
Fecal			
Cat Vaccination History:			
Rabies			
Distemper			
Leukemia Vacc			
Leukemia Test			
Fecal			

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT PLEASE CALL TO CANCEL WITHIN 24 HOURS  
OF THE SCHEDULED APPOINTMENT TIME. "NO SHOW'S" WILL BE CHARGED A FEE.**

## MISSED APPOINTMENT POLICY

Our goal is to provide top quality, individualized veterinary care for your pet. Appointments are in high demand and fill up quickly. As a result; no-shows, late arrivals, and cancellations make it difficult to provide care to other patients in need.

As a courtesy, we provide reminder calls the day before your appointment. Reminders can also be sent by text message or email if you would like to take advantage of those options. Ultimately, it is your responsibility to notify us if you are unable to keep your appointment.

### CANCELLATION OF AN APPOINTMENT:

Please be courteous and call our office promptly if you are unable to keep an appointment. We request that you call at least 24 hours in advance. Your early cancellation will allow another patient access to veterinary care more quickly.

### HOW TO CANCEL AN APPOINTMENT:

Call our office at (269)948-2222 or email us at [bullcreekvet@wowway.biz](mailto:bullcreekvet@wowway.biz). If it is after hours or you are unable to reach a receptionist due to heavy call volumes, please leave a detailed message. This message should include your name and scheduled appointment time. If you would like to reschedule make sure to include a phone number in the message, we will get back to you as soon as possible.

### “MISSED/NO SHOW” APPOINTMENT POLICY:

A “Missed/No-Show” Refers to a client who misses an appointment without cancelling it. A failure to be present at the time of a scheduled appointment will be recorded in the patient’s chart as a “No Show”.

**The 1<sup>st</sup> occurrence** will result in a missed appointment fee.

**The 2<sup>nd</sup> occurrence** will result in a missed appointment fee. You will no longer be able to schedule future appointments without paying a deposit at the time of scheduling.

**The 3<sup>rd</sup> occurrence** will result in the forfeit of your deposit, you will be charged a missed appointment fee, and you will only be permitted to schedule Drop-off or work in appointments, pending schedule flexibility and Dr. approval.

### “MISSED/NO SHOW” FEES:

Annual Exams/Rechecks     \$35

Sick Pet Exams             \$50

Drop Off/Surgical         \$50

As stated in the "MISSED APPOINTMENT POLICY" additional reminders can be provided via text or email. If you would like to take advantage of those options please provide the appropriate information below.

EMAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

I have read and understand the policies stated regarding NO CALL/NO SHOW appointments and the fees associated with them.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*We thank you for your cooperation and understanding.*

### **MEDIA RELEASE FORM**

We want your pet to be facebook famous, but we need your permission first.

I grant Bull Creek Veterinary Service, its employees, and authorized representatives, the right to take photographs/videos of my pet(s).

I consent to allow Bull Creek Veterinary Service to use the photos/videos for any lawful purpose such as, publicity, illustration, advertising, website content, and social posts.

I DO NOT grant Bull Creek Veterinary Service the right to take photographs/videos of my pet(s).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_