

South Rhea Animal Hospital

865 Rhea County Hwy

Dayton, TN 37321

Phone: 423-775-5619 Fax: 423-570-0581

Elizabeth Price, DVM Sherle Thompson, DVM

New Client Form

Thank you for giving us the opportunity to care for your pet (s). In order to maintain accurate records we ask that you complete all of the following information.

Client Information: Driver's License # _____

Your Name: _____ Spouse's name: _____

Address: _____ City _____ St: _____ Zip _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Your Employer: _____ Work Phone: _____

Spouse's Employer: _____ Work Phone: _____

I am aware that South Rhea Animal Hospital requires payment at the time of service. It is NOT our policy to extend credit. If payment is not made and the account is turned over to our collection agency I agree to pay a 35% collection fee and reasonable attorney fees. Please indicate choice of payment:

Cash Credit Credit/Debit

X _____

How did you find out about us? Drove by Website Friend/Family Facebook

Personal Recommendation (whom may we thank?) _____

Alternate Emergency Contact:

Name: _____ Relation _____ Phone: _____

I understand South Rhea Animal Hospital is not a 24 hour emergency facility, therefore, referrals to local emergency centers may be recommended if overnight or more intensive care is needed.

X _____

Patient Information

Date_____

Information	Pet 1	Pet 2	Pet 3
Pet's Name			
Species			
Breed			
Date of Birth			
Color			
Sex			
Spayed or Neutered			
Current Weight			
Previous Vaccine reaction?			
Date of last Rabies Vaccination?			
Date of last DHPP (dogs) or FVRCP (cats)?			
Date of last Kennel Cough vaccine (dogs)?			
Date and type of any other known Vaccines (FeLV, Leptospirosis, Canine influenza, etc)?			
Current illness or known chronic conditions ?			
Previous serious illness or surgeries ?			
Current Medications			

Vaccination Policy

South Rhea Animal Hospital highly recommends core and required vaccinations to protect your pet from deadly diseases common in our area. Certain vaccinations are annual and others are every 2-3 years. These vaccinations will be tailored for each pet and their needs. Please discuss with your Veterinarian which of these vaccinations is appropriate for your pet.



I understand vaccine reactions can occur but are rare. The benefits of vaccination outweigh the risks in majority of pets and most reactions are minor such as facial swelling and hives. These reactions should be reported in order to limit reactions in the future. I understand South Rhea Animal Hospital provides only safe and effective vaccinations that are species specific and stored appropriately. I also understand that qualified Veterinarians give appropriate “doses” of vaccines as recommended by the manufacturer.

I **consent/ do NOT consent** (circle one) to the Veterinarians at South Rhea Animal Hospital to vaccinate my pets and accept the potential risk of a vaccine reaction.



I understand that Rabies vaccination is required by state law for all pets and must be kept current. I also understand that Tennessee State law requires a 1 year rabies booster before starting a 3 year protocol. I will provide Rabies vaccination proof and If I cannot provide proof South Rhea Animal Hospital will require a Rabies vaccination at my pet’s visit unless my pet has an illness, disease, or other special circumstance that would potentially make vaccinating risky. This protects South Rhea Animal Hospital’s employees, myself, and the public from a fatal disease that can be carried by Bats, skunks, foxes, raccoons, and coyotes.

X _____

Date _____