

Client / Pet Information

Owner's Name: Last Name:	First Name:		MI
Address: Street Number:	Street:		
Apt # City:	State:	Zip Code:	
Phone Numbers: Home:	Cell:	Work:	
E-Mail:			,
Pet's Name:	Species:	Breed:	
Color:	Sex: M F Altered	Neutered (M) Spayed (F)	
Birth Date: Vaccination/Booster S	not Date:	Microchip/Tattoo #:	
Pet's Name:	Species:	Breed:	
Color:	Sex: M F Altered	Neutered (M) Spayed (F)	
Birth Date: Vaccination/Booster S	not Date:	Microchip/Tattoo #:	
Pet's Name:	Species:	Breed:	
Color:	Sex: M F Altered	Neutered (M) Spayed (F)	
Birth Date: Vaccination/Booster St	not Date:	Microchip/Tattoo #:	

Please Sign the Following Authorization for Treatment

I Hereby authorize the staff of Moon Mobile Veterinary Service to render any treatment that is deemed necessary to my pet(s) health while in our care. I understand that I will be financially responsible for all procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered.

Legal Disclaimer:

I hereby acknowledge that Moon Mobile Veterinary Services and their staff are not an on-call emergency clinic, and any emergencies should be taken right away to the nearest emergency clinic or the University of Georgia Veterinary Hospital. I acknowledge that samples for test(s) are sent to a 3rd party Lab and may take day(s) and or week(s), and Moon Mobile Veterinary Services cannot control how long results take to process. I acknowledge that Moon Mobile Veterinary Services is a mobile clinic and any emails, text messages, phone calls or any communication outside of your appointment times could take up to 72 hours to get a response back and will be during normal business hours. I acknowledge that Moon Mobile Veterinary Services will call in prescriptions to any Pharmacy you request, and we cannot control the time it takes for them to fill. We recommend either our Online Pharmacy (Covetrus) or Snell's Pharmacy for best service. I acknowledge that before posting any negative reviews to the web, social media, or any public forum I will allow Moon Mobile Veterinary Services an opportunity to correct the issue. I acknowledge that Under Georgia Law, there is no liability for injury or death of an individual by allowing us to enter the premises, if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by allowing us to enter these premises.

Signature:	Date:



Moon Mobile Veterinary Services Client / Patient Acknowledgment

Owners Name:	_ Pets Name:
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Please sign to provide consent or acknowledgement.

- **GENERAL CONSENT.** I consent to treatment for my pet(s), rendered from the provider and his/her medical support staff by Moon Mobile Veterinary Services, LLC.
- **MEDICATION CONSENT.** I consent to Moon Mobile Veterinary Services to prescribe medication(s) for my pet(s) and obtain a history of their medication(s) purchased at pharmacies.
- **PHOTOGRAPHY CONSENT.** I hereby authorize Moon Mobile Veterinary Services to photograph my pet while (he/she) is a patient. I understand the photograph(s) or video(s), could be used for documentation of (his/her) medical condition, social media, or promotional material.
- **COVID-19 ACKNOWLEDGMENT.** I acknowledge that Under Georgia Law, there is no liability for injury or death of an individual by allowing us to enter the premises. If such injury or death results from the inherent risks of contracting COVID-19, you are assuming this risk by allowing us to enter these premises.
- PATIENT RESPONSIBILITY. I understand that I am financially responsible for all services rendered, and services are to be paid at the time rendered. I understand that pet insurance is a contract between myself and my insurance company. Therefore, I am responsible for filing all claims with them.
- **PAYMENT.** I agree to pay with one of the following forms of payment: cash, check, major credit card, debit card, Care Credit, Apple Pay, or Google Pay. Any returned checks will have a minimum \$40 return fee.
- CANCELLATION POLICY. We will reserve your appointment time specifically for you. We do understand that an emergency or unforeseen event may result in the need to cancel at the last minute. However, we respectfully request that you give us notice if you need to cancel or reschedule. Appointments canceled with no notice or less than (1) day notice will be assessed a \$75 cancellation fee.
- **DEPOSIT POLICY.** I understand that a non-refundable deposit may be required when scheduling the first or subsequent appointment(s).
- **OUR APPOINTMENT POLICY.** I understand that Moon Mobile Veterinary Service is a mobile practice, and although travel time is built into each appointment, there may be unforeseen events that delay the travel time. We do our best to inform you of any delays and work with any issues this may cause.
- **PROPERTY USE CONSENT.** I understand that Moon Mobile Veterinary Service is a mobile practice and will be using my home or property to perform some medical procedures. I understand that even though great care is taken to prevent blood, urine, sweat, or other fluid(s), we are not liable for any stains or damage caused by the procedures. I acknowledge that some procedures require the use of small pins or needles. I understand and accept that some may be left behind unintentionally.
- LAB / TEST POLICY. I acknowledge that any labs or test may be sent out to a 3rd party and could take day(s) or week(s) to get the results. Once the results are back and reviewed, I will be contacted in a timely manner of the results, generally within 48 hours.
- **EMERGENCY POLICY.** I acknowledge that Moon Mobile Veterinary Service is not an emergency service; all emergencies should be taken to the nearest emergency hospital or the University of Georgia Veterinary Hospital.
- **COMMUICATION POLICY.** I acknowledge that Moon Mobile Veterinary Services, LLC is not a 24/7 service provider, and that calls, text messages, emails, or any other form of communication is only answered during business hours. I understand that messages could be returned in up to 72 hours.
- **PHARMACY POLICY.** I acknowledge that not using a recommended pharmacy could result in delays getting medication(s). One call per 24 hours will be all that is performed to the pharmacy trying to get the medication filled. We recommend Snell's Pharmacy or our own online pharmacy (Covetrus).
- **RETURN POLICY.** I understand that we cannot accept returns of open medications, creams, flea and tick treatments, or used medical equipment. These products are non-refundable.
- **TREATMENT GUARANTEE.** Although good results are anticipated, I understand that there can be no guarantee or warranty, expressed or implied, by anyone as to the actual results I may get. The results of certain procedures may not last as long as expected or meet the degree of expected improvement. I understand that all services are non-refundable.

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