

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 Nicole (8 years), Rhonda (12 years), Erika (16 years) or Renee (19 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 require any special accommodations please let us know when you call to 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 in 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 day's visit prior to the appointment. When your appointment is scheduled we will request an email where we can provide you our new client package 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 are able to 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. We also provide reminders when the time comes to purchase flea and heartworm prevention or other medications.

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

Sincerely,

Dr. Jones and Staff

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 vets 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 in soft sided carriers. This allows us to move quickly and decreases the time your pet has to be handled. If you are unable to muzzle your dog or you 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.

Policy on written prescription

There may be a time where a written prescription is needed. In these case 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, newsletters, reminders for vaccines and preventions and occasionally our manufacturing partners will request emails to provide coupons and rebates for items you have purchased. Please complete the bottom to opt in or out of using your email for these purposes.

_____ I DO allow CCAH and their partners to use my email for items related to my pet _____.
Initials

_____ I DO NOT allow CCAH and their partners to use my email for items related to my pet _____.
Initials

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Information About You

Owner's Name: _____ Other Responsible Party: _____

Address: _____

Street

Apt. #

City

State

Zip Code

Cell: _____ Work/Home: _____ Spouse/Partner Cell: _____ Work: _____

Employer: _____ Spouse/Partner's Employer: _____

Email address: _____ Secondary Email: _____

Information About Your Pet(s)

Pet's Name: _____ Cat Dog Other _____ Breed: _____

Color: _____ Sex: _____ Age: _____ Neutered/Spayed? Yes No

Is your pet on Heartworm/Flea Prevention? _____ If so, what kind? _____

When your pet was last vaccinated? (Approximate date) ____/____/____ Last Heartworm Test? ____/____/____

Dog: Rabies ____/____/____ Distemper/Parvo ____/____/____ Bordetella ____/____/____ CIV ____/____/____

Cat: Rabies ____/____/____ Feline Distemper ____/____/____ Feline Leukemia ____/____/____

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How Did You Become Aware Of Our Hospital?

Hospital Sign Yellow Pages Google Mail other online search engine Previous Client

Individual who we may thank? _____

Payment Policy

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient to you: **CASH, AMERICAN EXPRESS, ATM/DEBIT, CARE CREDIT, DISCOVER, MASTERCARD and VISA.**

It is our policy to provide a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required.

Owner Signature

Printed Name

Today's Date

Additional Pet(s)

Pet's Name: _____ Cat Dog Other _____ Breed: _____

Color: _____ Sex: _____ Age: _____ Neutered/Spayed? Yes No

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