

# **Client Information 2024**

Please take a moment to fill out this questionnaire that consists of 2 pages. In order for our team to confirm that all your account information is correct and up-to-date. Please answer the questions to the best of your ability.

Today's Date:	
Primary Responsible Party	
First Name:	Last Name:
Address:	
City:	State: Zip Code:
E-mail:	
Primary Phone Numbe	er:
Drivers License Numb	er:
Addi	tional Authorized Agents (i.e. spouse/partner)
First Name:	Last Name:
E-mail:	
Primary Phone Number:	
Preferred Location: A	urora Streetsboro Mantua
How did you hear about	us?
	Human Health Considerations

We often use human food products and scented cleaning supplies prior to and during your pets visit. If you or someone in your home has a food allergy or a sensitivity to fragrances and/or cleaning supplies. Please list them on the line below.



#### **Our Code of Conduct**

I understand that Aurora Animal Care Center is a healing environment. Respectful communication and collaboration between our team members and you, our client, is essential to provide optimal patient care. I understand that just as I would expect empathy, patience, honesty, and kindness from the team at AACC, our team is deserving of the same. There is ZERO TOLERANCE for all forms of aggression and disruptive behavior. Such behavior will result in termination of the veterinary-client-patient relationship.

### Initial to agree:

I understand and agree to abide by the Client Code of Conduct

Ohio Revised Code HB 446 requires a rabies vaccine to prevent the transmission of a fatal viral infection.. In order to stay within accordance, AACC requires all pets within our practice be vaccinated every 1 to 3 years.

Portage County Board of Health - Ohio Revised Code Title 7 Chapter 21.06 Cuyahoga County Board of Health - Ohio Revised Code Section 3709.21 Geauga County Board of Health - Ohio Revised Code Section 955.26 Summit County Board of Health - Ohio Revised Code Chapter 1230

#### Initial to agree:

I understand that all animals under the care of the Aurora Animal Care Center will require a Rabies vaccination.

I am the owner and hereby authorize the veterinarian to examine, prescribe for and treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid in full, at the time of release of the pet.

## Signature of responsible party: