



OWNER'S NAME: <first-name> <last-name>

STREET ADDRESS: <address>

CITY: <city>, <state> <zip>

HOME PHONE: <area> <phone>

CELL PHONE: <cell-phone>

EMAIL ADDRESS: <e-mail>

SECONDARY CONTACT: <SPOUSE> RELATIONSHIP TO CLIENT: _____

SECONDARY PHONE #: _____

All reminders are sent via PetDesk

In case of an emergency, if you are unable to be present or unable to be reached, please list an authorized person able to make MEDICAL and FINANCIAL decisions for your pet(s).

MEDICAL/FINANCIAL: _____ Phone# _____

NO-SHOW/LATE POLICY

We reserve the right to reschedule appointments for those who arrive 10 or more minutes late to their scheduled appointment. We respectfully request at least a 3-hour notice for all cancellations or rescheduled appointments. More than one appointment that is not cancelled or rescheduled at least 3-hours in advance are subject to a **NON-REFUNDABLE** fee. No-shows are subject to the same fee. Reminders are sent via email and PetDesk 48 hours prior and text messages are sent out 24 hours prior to give ample time to call if necessary.

PAYMENT POLICY

Full payment is due at the time of service. ***We do not offer delayed billing or payment arrangements.*** For your convenience, we accept Cash, Visa, MasterCard, American Express, Discover, ScratchPay and CareCredit. ***We do not accept checks.*** We will be glad to provide you with a written treatment plan for all services rendered.

Every pet's health is important to us and appointments fill up quickly. We feel these policies are necessary to ensure that every pet has the opportunity to be seen in a timely manner.

I have read, understand and agree to the policy information provided above.

CLIENT SIGNATURE: _____ DATE: _____