

CLIENT REGISTRATION: **Fircrest Veterinary Hospital**

Last Name: _____ First: _____

Spouse/Additional authorized representative: _____

Address: _____ City/State/Zip _____

Main Contact Number: _____ Alternate Contact Number: _____

**Email address: _____ Referred by: _____

****Vaccine reminders & doctor communications are sent by email.**

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Pet Information:

Pets Name: _____ Species: _____

Breed: _____ Color: _____

Birth Date or age this date: _____ Sex: M or F Fixed: Yes or No

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Additional Pet Information:

Pets Name: _____ Species: _____

Breed: _____ Color: _____

Birth Date or age this date: _____ Sex: M or F Fixed: Yes or No

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FINANCIAL POLICY: We require payment in full on the day services are provided. As the legal owner or representative, I certify that I have read and fully agree to this financial policy. I assume financial responsibility for all services rendered.

CANCELLATION/NO SHOW/LATE POLICY: We reserve the right to reschedule appointments for those who arrive 5 or more minutes late. Appointments not cancelled 24 hours in advance are subject to a fee of \$30 for office visits or \$75 for surgeries, per pet. No-shows are subject to the same fees as late cancellations. Every effort will be made by our staff to make reminder calls. However, it is the responsibility of the owner to keep track of all scheduled appointments. 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.

MEDICAL RECORDS POLICY: As an authorized agent, it is the policy of our hospital to obtain all previous medical records for any pet receiving care. Invoices and/or receipts are not considered medical records. Detailed records with doctor's notes play a vital role in taking care of your pet.

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

Signature of Owner/Rep: _____ Date: _____