



# North Seattle Veterinary Clinic

New Client/Patient Form

| Owner Information          |  |  |   |             |
|----------------------------|--|--|---|-------------|
| Last Name                  |  | First Name   |   | Date        |
| Street Address             |  |  | Apt/Unit #  |             |
| City                       |  | State  |   | ZIP         |
| Primary #                  |  | OK to text? Yes <input type="checkbox"/> No <input type="checkbox"/> |   | Secondary # |
| Co-Owner Last Name         |  | Co-Owner First Name  |   | Co-Owner #  |
| Email                      |  | Co-Owner Email   |   |             |
| How did you hear about us? |  |  |   |             |
| Previous Veterinary Clinic |  |  | Can we call for records? Yes <input type="checkbox"/> No <input type="checkbox"/> |             |

| Pet Information |                               |                                   |   |
|-----------------|-------------------------------|-----------------------------------|---|
| Name            |                               |                                   | Age/DOB (or best estimate)  |
| Species         | Cat <input type="checkbox"/>  | Dog <input type="checkbox"/>      | Other <input type="checkbox"/> (Please specify)   |
| Breed           | % of time indoors             |                                   | % of time outdoors  |
| Color           |                               |                                   |   |
| Sex             | Male <input type="checkbox"/> | Neutered <input type="checkbox"/> | Female <input type="checkbox"/> Spayed <input type="checkbox"/> Age when surgery was performed? |
| Microchip #     |                               |                                   |   |

|  |                               |                                   |   |
|--|-------------------------------|-----------------------------------|---|
| Name   |                               |                                   | Age/DOB (or best estimate)  |
| Species  | Cat <input type="checkbox"/>  | Dog <input type="checkbox"/>      | Other <input type="checkbox"/> (Please specify)   |
| Breed  | % of time indoors             |                                   | % of time outdoors  |
| Color  |                               |                                   |   |
| Sex  | Male <input type="checkbox"/> | Neutered <input type="checkbox"/> | Female <input type="checkbox"/> Spayed <input type="checkbox"/> Age when surgery was performed? |
| Microchip #  |                               |                                   |   |
| Can we post your pet(s) photo on our social media page? (Facebook and Instagram) |                               |                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

| Medications   |  |
|---|--|
| Is your pet currently taking any medications?           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has your pet ever had a reaction to drugs, foods, etc.? |  |
| If yes - please list:                                   |  |
| What is your pet's current diet?                        | How often / How much do you feed?                        |

**Financial Policy**

We do not provide payment plans but do offer CareCredit and Scratch pay as payment plan alternatives if you are unable to pay at the time of service. We charge 0.15% interest / \$2 monthly on all outstanding balances older than 30 days. If your balance exceeds 90 days, North Seattle Vet Clinic may relinquish your balance owed to a collection agency. All balances must be paid in full before further services may be performed.

*I hereby certify that I am the owner or appointed agent and authorize treatment of the above animal(s).  
By signing below I agree to these financial terms and understand that payment is required in full at the time of service:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# North Seattle Veterinary Clinic

Appointment Policies Form

## Cancellation and Missed Appointment Policy

To provide the best care possible to our patients, please help us and call promptly if you are unable to keep an appointment. Our schedule is often very full, and if you are not able to keep an appointment we would like to offer that appointment to another patient in need.

- **We require that you call at least 4 hours in advance if you need to cancel or change your scheduled exam appointment.**
- **Surgery and dental appointments require 24 hours cancellation notice prior to your scheduled intake time. *Please note that surgical and dental intake times are typically before 8am.***

## Late Cancellations

Failure to contact our office within the above stated time frames will result in a late cancellation.

A fee of \$35.00 for Exam appointments and \$75.00 for Surgical/Dental appointments will be applied to your account.

## Missed Appointments

Failure to be present at the time of a scheduled Exam or Surgical/Dental appointment will be recorded as a missed appointment on your account and fees may apply.

### Fees for missed Exam appointments:

- There will be no charge for the first missed exam appointment.
- **Second and future missed exam appointments may incur a \$65.00 fee.**

### Fees for missed Surgical/Dental appointments:

- **A \$150.00 fee will be charged for any missed surgical or dental appointments.**

We understand there are times that illness/injury or other emergency situations present themselves that are beyond your control. This policy does not typically apply to these situations and we will do our best to work with you to reschedule without an applicable fee.

***I agree that I have read and understand the above stated cancellation policies and I agree to comply with the terms and conditions therein.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_