



NEW CLIENT REGISTRATION FORM

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: _____ Name of Spouse/Additional Owner: _____
Street Address: _____ Mailing Address: _____
Town: _____ State: _____ Zip: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ ☐ I would prefer not to give an email address

Emergency contact in the event we can't reach you: _____

How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

☐ Referred by: _____
☐ Location/Sign ☐ Google/Internet Search
☐ Facebook ☐ Internet Review Site (Angie's List, Yelp)
☐ Magazine: ☐ Salt ☐ Paw Prints ☐ Parent (ILM) ☐ WB
☐ Other: _____

Are you currently or have you served in the military? ☐ Yes ☐ No

Which social media platforms do you use? (Check any that apply.)

☐ Facebook ☐ Twitter ☐ Pinterest ☐ Instagram
☐ LinkedIn ☐ Google Plus ☐ Snapchat ☐ Vine

Preferred method of contact:

☐ Phone Call
☐ Text Message
☐ Email

Pet's Name: _____ Species (Dog, cat, rabbit, etc): _____

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____ Sex: M / F Is your pet spayed/neutered: Yes No Unsure

Previous Veterinarian, if any: _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Describe your pet's diet: _____

Describe any known allergies: _____

Describe any known medical issues: _____

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Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____ Sex: M / F Is your pet spayed/neutered: Yes No Unsure

Previous Veterinarian, if any: _____

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): _____

Describe your pet's diet: _____

Describe any known allergies: _____

Describe any known medical issues: _____

1) **PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

☐ **Yes. I authorize P&CAH to share my pet's photo & story.** ☐ No. I do not authorize this.

2) **TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The P&CAH staff is happy to provide estimates.

Signature of Owner/Agent: _____ Date: _____

CLIENT CONDUCT POLICY

At Paws & Claws Animal Hospital, we focus on the importance of a positive environment for our team members, clients, and patients. We expect everyone from all parties to remain civilized and act with respect, which will create the desired outcome for all. However, there are certain behaviors that can get in the way of such an experience. We operate with a zero-tolerance policy with regard to violence and abusive behavior. It is also our commitment to uphold the same standards with our staff and request you speak with management if you feel this is not being upheld.

We will not tolerate:

- Foul or offensive language towards our staff
- Hostile verbal attacks
- Angry outburst
- Direct or implied threats to our personal safety or reputation
- Aggressive or menacing behavior towards people or pets
- Destruction of property
- Harassment by repeated visits, calls, or messages
- Any other objectionable behavior that disrupts our business and disturbs our veterinarians, team members, clients, and/or patients.

Should any of our staff experience such incident with any clients who engage in any of these behaviors while on hospital property will be given a warning. All staff members are authorized to contact law enforcement if necessary to remove a disruptive or threatening client from our premises. This is in order to safeguard our practice staff, clients, and patients.

Our hospital management team is authorized to terminate the clinic's relationship with any client who, in their judgement, violates this policy. Copies of the patient's medical records will be sent immediately to the client's address on file, and no further services will be offered to the client or members of their household.

PHARMACY REFILL POLICY

We do have a 24-hour refill policy on all in-house prescriptions. This is to ensure we have enough of the medication in stock, our staff can check for accuracy, and the attending doctor is able to approve the prescription if needed.

CANCELLATION POLICY

When you book your appointment, you are holding a space on our calendar that is no longer available to our other patients. In order to be respectful of your fellow patients, please call Paws & Claws Animal Hospital as soon as you know you will not be able to make your appointment.

If cancellation is necessary, we require that you call at least **24 hours in advance**. Appointments are in high demand, and your advanced notice will allow another patient access to that appointment time.

How to Cancel Your Appointment

If you need to cancel your appointment, please call us at 910-399-3768 during normal business hours. If necessary, you may leave a detailed voicemail message. We will return your call as soon as possible.

Late Cancellations/No-Shows

A cancellation is considered late when the appointment is cancelled less than 24 hours before the appointed time. A no-show is when a patient misses an appointment without cancelling. In either case, we will charge the patient a \$25 missed appointment fee. For missed/late cancellations on surgeries, a fee of \$50 will be charged and pre-payment will be required to reschedule.

For new patients' first appointments, a no show or late cancellation will result in a full charge of the new patient fee.

Late Arrival to Appointment(s)

Things happen, and we completely understand. To keep our doctors on time for our other clients/patients, we ask you to reschedule if you are going to be more than 10 minutes late to your appointment.

We ask that you read both policies and sign below.

Client Signature: _____

Client Printed Name: _____

Date: _____