



New Client Form

Owner's information:

First Name: _____ Last Name: _____

Home phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Additional Owner: _____

In case of an Emergency, if we cannot reach you, who should we contact?

Name: _____ Phone: _____ Relationship: _____

How did you hear about us? Yelp Google Facebook LinkedIn Word Of Mouth

Referred by _____ Drive By Other _____

Pet Information:

1. Name: _____ Species: _____ Sex: _____

Date of Birth: _____ Color: _____ Spayed Neutered

Known allergies: _____ Current Medications: _____

2. Name: _____ Species: _____ Sex: _____

Date of Birth: _____ Color: _____ Spayed Neutered

Known allergies: _____ Current Medications: _____

3. Name: _____ Species: _____ Sex: _____

Date of Birth: _____ Color: _____ Spayed Neutered

Known allergies: _____ Current Medications: _____

Previous Vet: _____

Card Payment Information (required): Visa MasterCard Discover AmEx CareCredit

Card Number: _____ Expiration: _____

Cvv code: _____ Billing Address: _____

Same as mailing address

Practice Policies

Thank you for choosing Rancho Sequoia Veterinary Hospital for your pet's healthcare. Below you will find the necessary information regarding your responsibility for the services we provide and understand that your signature will act as your acknowledgement of this responsibility. If you do not agree with our office policies, we respectfully request that you do not make an appointment with our practice.

Office Hours

We are open Monday through Friday from 8:30am-6pm and Saturdays from 9am-1pm. We are **NOT** a 24 hour facility. **Initials:** _____

Emergency Care

During regular business hours please contact our office regarding any emergencies. Please note that there will be an emergency office visit exam fee if you do not have a scheduled appointment. After business hours, our messaging system will direct you to VSEC on 2967 N. Moorpark Rd. in Thousand Oaks. **Initials:** _____

Payment for Services

You accept full financial responsibility for all charges incurred, and you agree to pay for these charges. Payment is required in full at the time of services rendered. Please feel free to discuss fees before services are rendered. We accept Cash, Check, Debit cards, all major credit cards, and Care Credit. We require a method of payment to remain on file with us at all times. This information is kept secure in our computer system and will never be used without your knowledge. **Initials:** _____

Surgery Deposits

All general surgeries require a \$100 non-refundable deposit and must be paid the day the surgery appointment is scheduled. **All surgery deposits are non-refundable and will be applied to the balance in the final invoice.** If you are unable to pay the deposit we will not schedule the surgery appointment. We accept deposits in the form of Cash, Check, Debit cards, all major credit cards, and Care Credit. **Initials:** _____

Specialist Consultation Appointments/Surgery Deposits:

All specialist consultation appointments require a \$200 non-refundable deposit, and must be paid the day the appointment is made. All specialty surgeries require a non-refundable deposit, which is based on the total estimated charges for the surgery, and must be paid the day the surgery appointment is scheduled. **All Specialist Consultation Appointments/Surgery Deposits are non-refundable and will be applied to the balance in the final invoice.** If you are unable to pay the deposit we will not schedule the

consultation or surgery appointment. We accept deposits in the form of Cash, Check, Debit cards, and all major credit cards. **Initials:** _____

Cancellation/Missed Appointment Policy

Rancho Sequoia Veterinary Hospital is committed to providing all of our patients with exceptional care. When a client cancels without giving enough notice, they prevent another patient from being seen.

Please call us 24 hours before your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 12:00 p.m. on Saturday. If prior notification is not given, you will be charged \$25 for the missed appointment. **These rates are non-negotiable and non-refundable and will be charged to your account on the date of the missed appointment.**

Initials: _____

Late Arrivals

We make every effort to see you at the time that you are scheduled. We understand that your time is valuable to you, and we appreciate the same courtesy from you. We can stay on time with our appointments only if you arrive on time for your appointment. Consequently, we have a 10 minute late policy. If you are going to be late, please call us to see if we are still able to accommodate you. If you are late for an appointment, your appointment is NOT guaranteed. We will attempt to accommodate you on the same day if our schedule permits. Otherwise, you will need to reschedule. **Initials:** _____

Veterinary Insurance

We accept veterinary insurance, however, full payment for services rendered are due at the time of the office visit. We **DO NOT** balance bill. It is your responsibility to contact your insurance company prior to your visit with us so that you understand your benefits. Please provide us with your insurance forms at the beginning of your pet' s appointment and we will gladly complete the paperwork for your claim.

Initials: _____

Respectful Environment

Rancho Sequoia Veterinary Hospital encourages a respectful environment for clients and our staff. Abusive language or behavior will not be tolerated and will result in dismissal from our practice. We also reserve the right to respond to any statements, comments or opinions made via social media, websites, or any other modality of communication and shall be held harmless for our responses. **Initials:** _____

Rancho Sequoia Veterinary Hospital utilizes electronic equipment in an effort to document services and/ or procedures performed. This equipment includes but is not limited to the Surface Pro Tablet, Go Pro Device, and other IOS software. **Initials:** _____

ACKNOWLEDGEMENT:

By signing below, I acknowledge that I have read, I fully understand, and I agree to the terms of Rancho Sequoia Veterinary Hospital' s policies. I understand that I will be charged a non-refundable deposit for general surgery, specialty appointments, and specialty surgery at the time the appointment is scheduled. I also understand I will be charged for any missed appointments, or for any appointment canceled with less than 24 hours notice.

Your Name (please print)

Date

Signature: _____