**New Client Form**

**A Valid Form of I.D. Required to Verify Information**

**Owner’s information:**

First Name: ­ ­ ­ Last Name: ­ ­

Primary Phone Number: ­ ­ Secondary Number: ­

Address:

City: ­ State: Zip Code: ­

E-mail: ­ ­

**Primary Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact:** ­ ­

**Driver’s License Number (Required)**: ­

**Communication Preferences (Check Boxes That Apply):** 🗆 Telephone 🗆 Text 🗆 Email

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: ­

1. Name: ­ Species: ­ Sex:

Date of Birth: ­ Color: ­ 🗆 Spayed 🗆 Neutered

Known allergies: ­ Current Medications: ­

**Previous Vet(s):**

**Card Payment Information (required):** 🗆Visa 🗆 MasterCard 🗆 Discover 🗆 AmEx 🗆 CareCredit  
Card Number: Expiration:

Cvv code: Billing Address:

🗆 Same as mailing address

*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**

*Please refer to Financial Policy Statement*

**Late Arrivals**

*Please refer to Financial Policy Statement*

**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:**

**Electronic Filing and Documentation**

Rancho Sequoia Veterinary Hospital utilizes electronic equipment in efforts to document services and/or procedures performed. We may record conversations for quality control and take photos or videos for documentation purposes. We will not release any picture or video to public without your consent.

**Initials:**

**Financial Policy Statement**

Please read the following policy carefully.

Medication Refills- We highly recommend that you contact us approximately one week prior to running out of medication(s). Medication refills may not be honored if the patient has not been evaluated by a licensed veterinarian recently. Please note that some medication refills may require lab work before a refill is authorized. Urgent refills may be honored with the understanding that the pet is to be evaluated before another refill is authorized. Be advised, medication prices may fluctuate unexpectedly.

Outstanding Balance**-**It is our policy that full payment is rendered **AT THE TIME OF SERVICE**. If for any reason your account accumulates an outstanding balance, a single phone call will be made to resolve the issue. If no resolution can be made, the account will be turned over to a collections agency, or, attorney with the possible discharge from the practice. In the event the account is turned over for collections, the person financially responsible for the account will be responsible for all collections cost including attorney fees and court costs. All outstanding balance needs to be paid in full prior to receiving medical services or transferring records to another facility. No exceptions.

Returned Checks- THE BANK FEE FOR A RETURNED CHECK IS $30. In the event that a check is returned, this amount will be applied to your account in addition to insufficient funds amount. Please make financial arrangements prior to your appointment. We do not accept any kind of post dated checks.

**Late Cancellation/ Missed Appointment Policy**

Our practice has found it necessary to implement and enforce a missed appointment/ cancellation policy due to the ongoing issue of clients cancelling without giving adequate notice. Missed appointments result in the loss of valuable time that could be spent with patients in need of medical care. This is a standard policy in most other practices. 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 or leave a voicemail. If prior notice is not given, **YOU WILL BE CHARGED $20 FOR LATE CANCELLATION OR $35 FOR MISSED APPOINTMENTS. THESE RATES ARE NON-NEGOTIABLE AND NON-REFUNDABLE AND WILL BE CHARGED TO YOUR ACCOUNT THE DATE OF THE MISSED APPOINTMENT.**

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.

**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. I understand that providing Rancho Sequoia Veterinary Hospital Staff/Doctors/Associates with any false information will lead to discharge from the practice. I am the legal owner or the representative of the legal owner of the animal(s) present. I certify that the information I have provided on this form is true and correct. I have read/understand and acknowledge the financial policy statement. I understand/acknowledge that these policies may change at any given moment and it is my sole responsibility to keep up with said policies/practices. I am over the age of 18 years.**

Your Name (please print) Date

Signature: