

Metro Animal Hospital
New Client Registration (Dog/Cat)

Date: _____

Your Name: _____ Spouse Name: _____

Address Line 1: _____

Address Line 2: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Work Phone: _____ Home Phone: _____

Email address: _____

Other person(s) authorized to request medical or account information: _____

Were you referred by someone? YES or NO. If yes, name of referring client: _____

Pet Information

Pet's Name: _____ Species (Please X): Canine _____ Feline _____

Breed: _____ Color: _____ Age/DOB: _____

Gender (Please X): Male _____ Female _____ Spayed/Neutered? (Y/N): _____

Allergies: _____

Previous medical conditions: _____

Pet's Name: _____ Species (X): Canine _____ Feline _____

Breed: _____ Color: _____ Age/DOB: _____

Gender (Please X): Male _____ Female _____ Spayed/Neutered? (Y/N): _____

Allergies: _____

Previous medical conditions: _____

For additional pets, please ask our front desk for more sheets or complete another electronic form.

We require prepayment of \$90, or exotic patients \$105, for your first appointment with us. The \$90/\$105 is the cost of your pet's appointment, and is fully refundable should you notify us two business days before the scheduled appointment that you need to cancel/reschedule. If you do not show for this appointment, arrive late, or cancel within two business days of the appointment, it is nonrefundable. You will be asked to prepay \$90/\$105 again to reschedule. This prepayment does not cover vaccines, tests, radiographs, etc., and only the exam. We are able to take card information over the phone, or you are welcome to stop by at our front desk. We do not keep card information on file. We accept CareCredit for prepayments. Prepayment must be received at the time of scheduling.

Previous health and vaccination records must be received before scheduling your pet(s) first appointment.

For clients with pet insurance, we are happy to provide you with the necessary documentation contained in the medical records to your insurance provider.

Metro Animal Hospital would like to send you text messages regarding appointments and notifications. Standard text messaging rates may apply. If you would like to receive text messages, please JOIN to 36218. You may opt out at any time.

My signature below verifies that I am the owner of the pet(s) listed and agree to the terms in this document.

Client Name: _____ Date: _____

Client Signature: _____

Welcome to our Clinic!

Our Motto: "Treat every client as though they were family and every pet as if they were our own"

Cancellation/No-Show & Financial Policies

Cancellation/No-Show Policy

Our primary mission at Metro Animal Hospital is to deliver the best and most comprehensive veterinary care available for your pet. We value your time as our clients. We hope that you will also value the time of our staff and other clients that are waiting to be seen, by calling our clinic if there is a reason you are unable to keep your appointment. Cancellations are requested 48 hours prior to appointments. Monday cancellations must be made with our staff Friday prior to the appointment. Voicemails made over the weekend will be considered late. If you fail to come to the appointment, the following policy will be enforced:

- First No-Show and/or Late Cancellation: You will receive a phone call informing you that you missed your scheduled appointment.
- Second No-Show and/or Late Cancellation: You will receive notification that two appointments have now been missed without notifying our clinic within the appropriate time frame. **There will be a fee for the missed appointment equal to the appointment amount. Client will be required to prepay for all future appointments.**

If you know you will be late to your appointment, please call our clinic to be sure you can still be seen and if rescheduling is necessary.

Financial Policy

An important part of our mission is making the cost of optimal care as easy and manageable as possible by offering several payment options.

Payment options include cash, check, credit/debit cards (Visa, Mastercard, Discover, American Express), and CareCredit. **Payment is due in full at time of service.**

There is a \$40 fee for returned checks.

My signature below verifies that I have read these policies listed and agree to the terms of this document.

Client Name: _____ Date: _____

Client Signature: _____

Thank you,

Metro Animal Hospital