

DEL RAY ANIMAL HOSPITAL NEW CLIENT FORM		
OWNER INFORMATION		
OWNER (PRIMARY CONTACT):	CO-OWNER (SECONDARY CONTACT):	
Current address:		
City:	State:	ZIP Code:
CONTACT INFORMATION		
Home:	Co-owner/Secondary Contact #:	
Cell:	Work:	
Work:		
Email:		
<p>**By providing your email address, you are authorizing PetDesk (a free mobile veterinary app that allows you to request appointments and access your pet's vaccine records) to send you notifications regarding appointment and vaccine reminders.</p> <p style="text-align: center;">If you do NOT wish to receive email notifications from PetDesk check here <input type="checkbox"/></p> <p style="text-align: center;">If you have questions regarding the PetDesk app, please ask any staff member.</p>		
EMPLOYER INFORMATION		
Employer:		
Employer address:		
Phone:		
PET INFORMATION		
1. PETS NAME:	DOB:	SPECIES:
BREED:	COLOR:	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
PREVIOUS ANIMAL HOSPITAL/LOCATION:	PHONE:	
<u>Date of Last Vaccines</u>		
Rabies:	Distemper:	Fecal:
Kennel Cough:	Heartworm Test:	
Feline Leukemia	Felv/Fiv Test: NEG POS	
Current Diet:		
CHRONIC HEALTH PROBLEMS:		
2. PETS NAME:	DOB:	SPECIES:
BREED:	COLOR:	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
PREVIOUS ANIMAL HOSPITAL/LOCATION:	PHONE:	
<u>Date of Last Vaccines</u>		
Rabies:	Distemper:	Fecal:
Kennel Cough:	Heartworm Test:	

{CLINICNAME}
 {CLINICADDRESS1}
 {CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
 {CLINICPHONE}
WWW.DELRAYANIMALHOSPITAL.COM

Feline Leukemia	Felv/Fiv Test: NEG POS
Current Diet:	
CHRONIC HEALTH PROBLEMS:	
HOW DID YOU HEAR ABOUT DEL RAY ANIMAL HOSPITAL?	

**DEL RAY ANIMAL HOSPITAL
NEW CLIENT FORM**

MEDIA / PHOTO RELEASE

I hereby consent to the participation in taking of photographs of my pet named above by the employees/agents of Del Ray Animal Hospital. I also grant the right to edit, use, and reuse said photographs for use in print, on the internet, and all other forms of media. I also hereby release Del Ray Animal Hospital and its employees/agents from all claims, demands, and liabilities whatsoever in connection with the above.

If you do **NOT** authorize Del Ray Animal Hospital in the use of your pet's photo, please check this box.

PAYMENT POLICY/FINANCIAL RESPONSIBILITY

PAYMENT IS REQUIRED AT THE TIME OF VISIT. A DEPOSIT MAY BE REQUIRED FOR EXTENSIVE MEDICAL AND SURGICAL PROCEDURES. I UNDERSTAND THAT I AM ASSUMING FULL FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED AND THAT PAYMENT IN FULL IS DUE AT THE TIME OF DISCHARGE.

PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED. WE ACCEPT THE FOLLOWING FORMS OF PAYMENT:

- VISA/MASTERCARD/AMERICAN EXPRESS
- PERSONAL CHECKS
- CASH (*THE FRONT DESK DOES NOT CARRY CHANGE; IF EXACT AMOUNT IS NOT PROVIDED THEN THE CHANGE WILL BE APPLIED AS A CREDIT ON CLIENT ACCOUNT*)

IF PAYING WITH A CHECK WE REQUIRE TWO FORMS OF IDENTIFICATION VERIFICATION:
 Driver's License Number:
 ID Number:

**** THERE WILL BE A \$35.00 ACCOUNTING SERVICE FEE A CHECK DISHONORED BY THE CLIENTS BANK.

I, the undersigned agree with the above payment policy/financial responsibility terms for Del Ray Animal Hospital. A finance charge of \$5.00 per month will be applied on all unpaid balances over 30 days from the time charges are incurred. in the event that this account is not paid according to the agreed terms, and this account is plaed in the hands of an attorney for collection, the owner agrees to pay all amounts due to hereunder, and all expenses of collections, including a 33.3% collection fee, and interest at the rate of 18% until account is paid in full.

SIGNATURES

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU ARE AT LEAST 18 YEARS OF AGE AND LEGALLY RESPONSIBLE FOR PAYMENT FOR EACH VISIT FOR EACH PET LISTED ON THE ABOVE NEW CLIENT FORM. YOU AGREE TO DEL RAY ANIMAL HOSPITAL'S PAYMENT POLICY/FINANCIAL RESPONSIBILITY AGREEMENT; TO PAY FOR ALL SERVICES IN FULL WHEN YOUR PET(S) IS/ARE RELEASED FROM THE HOSPITAL.

Signature of Pet Owner: _____ Date: _____

{CLINICNAME}
{CLINICADDRESS1}
{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
{CLINICPHONE}
WWW.DELRAYANIMALHOSPITAL.COM

HOSPITAL HOURS Disclosure

Del Ray Animal Hospital is not a 24 hour facility. Please read this form carefully and sign below.

Hours of Operation:

Monday: 7:00am-5:00pm
Tuesday: 7:00am-6:00pm
Wednesday: 7:00am-5:00pm
Thursday: 7:00am-6:00pm
Friday: 7:00am-6:00pm
Saturday: CLOSED
Sunday: CLOSED

Missed Appointment Policy

As of 11/01/2024

Appointment Policy

Veterinarians' hours are by appointment. Appointment times are set aside daily for ill pets that may need to be seen promptly. Emergency cases shall always receive top priority followed by patients with previously scheduled appointments. It is also possible to drop your companion off with us if your schedule is incompatible with an available appointment time. Please call us to schedule an appropriate examination time to minimize waiting and delay.

Late and No-Show Policy

Please provide at least a 24 hour notice when canceling an appointment. Any appointment that is late by 15 minutes or more will be considered a missed appointment and be subject to a \$50 missed appointment fee. You may also be required to place a deposit when rescheduling a missed appointment.

Surgery No-Show Policy

A surgery "no-show" is a client who misses a surgery appointment without providing 72 hours notice of cancellation. The first time this occurs we will call to offer to reschedule the appointment but our missed appointment fee of \$300 will be waived. At the second missed surgical appointment we will call to reschedule and you will be charged a missed appointment fee of \$300.

Cancellation of an Appointment

In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. Appointments are in high demand, and your early cancellation will allow another patient access to timely veterinary care.

Patient Arrival Policy

For your protection, and that of others, all dogs must be on a leash and properly controlled while in the waiting area or exam rooms.

All cats must be presented in an appropriate cat carrier or on a leash.

Signature of Pet Owner:	Date:
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