



## DEER RIDGE ANIMAL HOSPITAL

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We are pleased to welcome you to our practice. Please take a few minutes to fill out this form. If you have questions we'll be glad to help you. We look forward to working with you maintaining your pet's health.

### Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI Spouse

Driver's License# \_\_\_\_\_ SSN# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Primary Phone & Contact Name \_\_\_\_\_

Secondary Phone & Contact Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Permission to use photos of your pets on Social Media: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_ Employer # \_\_\_\_\_ Spouse Employer \_\_\_\_\_ Employer # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

### Pet Information

Pets name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ other \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Neutered/Spayed Yes \_\_\_\_\_ No \_\_\_\_\_ at what age? \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### Late Fee/No-Show Policy

Any client arriving more than 20 minutes late for their scheduled appointment time will be assessed a \$25 late fee.

Any client who fails to arrive for a scheduled appointment without cancelling/rescheduling 24 in advance is considered a "no-show". After 1 "no-show" appointment, a \$25 non-refundable deposit will be required to schedule all new appointments. After 3 "no-show" appointments, the non-refundable deposit will increase to \$50.

I certify I have read and understand the Late Fee/No-Show Policy \_\_\_\_\_ (Initial)

### Payment

We will gladly prepare an estimate of service fees if you desire. (Please ask your technician or Dr.). **All professional fees are due at the time of the services are rendered.** There will be a service charge for any check returned unpaid. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_