



the
PET DOCTORS
of **SHERMAN OAKS**

Client Registration Form

Owner: Last Name _____ First Name _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date Of Birth: _____ Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? Friend/Other Name: _____

Internet: Google _____ Yelp _____ Yahoo _____ Yellow Pages _____ Other _____

Location: _____ Other: _____

Appointment Cancellation/Missed Appointment Policy:

The Pet Doctors is committed to providing exceptional care. Unfortunately, when one client cancels their pet's appointment without giving enough notice, they prevent another clients pet from being seen. **Please call or text us at (818)-981-1899 by 3:00 p.m. on the day prior to your appointment to notify us of any changes or cancellations. If the prior day falls on a holiday or it is a surgery, dental, or anesthetic procedure please call us by 3:00 p.m. two days prior to your appointment to notify us of any changes or cancellations. If you do not show up for your scheduled appointment or you are 15 or more minutes late it is considered a missed appointment.** If prior notification is not given, *you will be charged \$75 for the missed appointment.*

By signing this form below, I agree to pay services at the time they are rendered. The Pet Doctors of Sherman Oaks accepts most major credit cards, Care Credit and Cash. **Checks are not accepted.** I also agree to the appointment cancellation/missed appointment policy terms. In addition I authorize The Pet Doctors of Sherman Oaks and all assistants of its choice to render and perform any and all agreed upon and/or requested treatments and/or surgical procedures upon my pet(s). I further understand that no guarantee of successful treatment is made. In the event of default or dispute, I agree to pay for all rendered services, as well as any reasonable attorney's fees and costs of collection attempts.

In the event of an emergency situation (and/or in the event that the staff has actively attempted to contact me at all numbers provided and I could not be reached) please initial one of the following:
I DO ___ DO NOT ___ authorize the administration of any and all medical and/or surgical treatments or procedures as deemed necessary while my pet(s) is/are in the custody or possession of The Pet Doctors of Sherman Oaks. If I have initialed that I DO, then I hereby release The Pet Doctors of Sherman Oaks from any liability by and reason of any act authorized according to the above.

Owner/Agent Signature: _____ Date: _____

Print Name: _____