



## The Pet Doctors of Sherman Oaks

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### 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: \_\_\_\_\_

#### **New Client Records – Set-up fee:**

We charge a **\$75 per pet non-refundable records set up fee at the time the appointment is scheduled.**

The deposit required may be more than \$75 if the visit involves a health certificate or surgery.

Regardless of the amount, the non-refundable set up fee is applied toward the first visit assuming you don't cancel, no-show, or reschedule the appointment after the 3pm window the day prior to the appointment. Otherwise it is applied as a cancellation/late cancellation/missed appointment fee.

#### **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. For all Health Certificate appointments we require cancellation notification of at least 8 days prior to appointment date. If prior notification is not given, you will be charged \$75 for the missed appointment &/or Domestic/Canada/Mexico Health**

*Certificate appointments, \$150 for International/Hawaii Health Certificate appointments, and \$300 for surgery, dental, or other anesthetic procedure appointment.*

**Deposits are required at the time of scheduling for the following appointments:**

- \$75 Deposit - New Patient &/or Domestic/Canada/Mexico Health Certificate appointments
- \$150 Deposit - International/Hawaii Health Certificate appointment
- \$300 Deposit - Surgery, Dental, or other anesthetic procedure appointment

These deposits will be applied toward the cost of the visit, unless you cancel, or reschedule outside of the acceptable time frame, or miss your appointment as outlined above. In which case the deposit will be applied to the late cancellation/missed appointment fee.

- **Cancellations – Clients are required to cancel by 3 pm the day before the appointment. Surgeries/Holiday Closures require a 3 pm cancellation 2 days prior, Health Certificates Require a minimum of 8 days notice.**
- **No Shows - clients who do not call to reschedule and fail to show up or are 15 minutes or more late for their scheduled appointment.**
- **Existing clients will get 1 courtesy fee waiver the first time this happens.**
- **If it happens a second time we will then charge the appropriate cancellation fee.**
- **If you refuse to pay the fee on the second instance we will then require a \$75 deposit for all future appointments.**

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: \_\_\_\_\_