



6224 W. State St. Boise, ID 83703
 (208) 853.0640
 Fax (208) 853.8648
 www.hendricksveterinaryhospital.com

CLIENT INFORMATION SHEET

Last Name:		First Name:	
Address:			Apt #
Zip:	City:	State:	
Primary Phone Number: <input type="checkbox"/> Cell	Work Number: <input type="checkbox"/> ER ONLY	Secondary Phone Number: <input type="checkbox"/> Cell	
We are text and email friendly!			
Spouse/Co-Owner Phone:		E-Mail Address:	
Spouse/Co-Owner Name:		Employer:	
How did you learn about our clinic? <input type="checkbox"/> Online (Google/Etc) <input type="checkbox"/> Drive By/Location <input type="checkbox"/> Phone Book <input type="checkbox"/> Personal Recommendation/Other (Who can we thank?): _____			

Patient Information:

Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		
Breed:	Color:		
Age/Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did this pet join your family? <input type="checkbox"/> Companionship <input type="checkbox"/> Protection <input type="checkbox"/> Breeding <input type="checkbox"/> Showing <input type="checkbox"/> Other			
Where was your pet last seen for medical care?			

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Where was your pet last seen for medical care?			

Financial Policy

- We expect full payment at time of service/discharge unless PRIOR arrangements have been made.
 - We accept cash, check, Visa, Mastercard, Discover, American Express, Care Credit, and Scratch Pay
 - A deposit of 25-50% may be required before extensive services are performed.
 - Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance.
 - I give permission to have my pet's medical records transferred to and from Hendricks Veterinary Hospital as necessary.
 - I authorize or do not authorize permission for Hendricks Veterinary Hospital to share pictures and stories of me and my pet(s) on their website and in social media.
- I have read, understand and agree to the above Financial Policy.

Signature of Owner/Agent: _____ **Date:** _____



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Late Arrival / Cancellation / Missed Appointment Policy

At Hendricks Veterinary hospital, we pride ourselves in offering you and your pet personalized care and reserve appointment times to accommodate your needs. Late arrivals, missed appointments or canceled appointments without sufficient notice, create a gap in our providers' schedule. These are appointments that could have been utilized to offer care to another patient.

New Clients

When booking an appointment, we will require your credit card information to hold your first appointment. If that appointment is missed or canceled on the day of, you will be charged a non-refundable missed appointment fee of \$75.00.

Late Arrival

Hendricks Veterinary Hospital makes every effort to maintain a schedule that allows individual time with each client and pet. Appointments are set to reserve this time, making it critical that you arrive to your appointment on time. Tardiness 10 minutes or more will be asked to reschedule if the veterinarian's schedule cannot accommodate. If you elect to wait, please understand that wait time may be unpredictable and that priority is given to those patients that arrive on time.

Cancellation

We understand that unexpected or unavoidable situations may occur resulting in an appointment being canceled. Please call us at (208) 853-0640 – by 4:00p the day prior to your scheduled appointment to notify us of any changes or cancellations. If your appointment is on Monday, leave a message on our answering machine over the weekend and we will cancel the appointment with no penalty. Appointments canceled on the same day will result in a non-refundable fee of \$75.00, charged to the card on file.

Missed Appointments / No Shows

Hendricks Veterinary Hospital makes attempts via phone/text message and email to remind clients of appointments. A "no-show" is a client who misses an appointment without canceling it. A failure to be present at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". If a client has 2 or more "no shows" we may elect to no longer reserve appointments and / or no longer provide care to that client and their pets. Missed / no show appointments will be charged a non-refundable fee of \$75.00, charged to the card on file.

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Surgery Appointment Deposits / Cancellations / No Shows



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A surgery / dental procedure appointment requires a credit card on file to reserve your pet's surgical spot.

Surgery appointments require a 48 hour notice for cancellation without penalty.

If a surgery or dental procedure appointment is missed or canceled after the 48 hour notice then the credit card on file will be charged a \$100.00 non – refundable fee.

If there is a second time of a missed or canceled surgery appointment without the required notice then there will be a deposit of \$250.00 required to hold future surgery appointments.

If your pet is ill or there are other unforeseen medical concerns, then we will cancel or reschedule with no penalty.

I have read and understand the Late Arrival / Cancellation / Missed Appointment Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the hospital.

Signed _____ Date _____