



PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving North Lake Veterinary Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER _____ CO-OWNER _____

ADDRESS: STREET _____ CITY _____ ZIP CODE _____

PRIMARY PHONE _____ ADDITIONAL PHONE _____

WORK NUMBER _____ CO-OWNER'S PRIMARY NUMBER _____

PLACE OF EMPLOYMENT _____ PHONE _____ Can We Call You at Work _____

CO-OWNER PLACE OF EMPLOYMENT _____ PHONE _____ Can We Call at Work _____

E-MAIL ADDRESS (for NLVC use only) _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? _____ WHOM MAY WE THANK? _____

PLEASE LIST ALL OF YOUR PETS: (Please include dogs, cats)

NAME	BREED	BIRTH DATE	SEX	SPAYED/ NEUTERED	COLOR

MEDICAL ALERTS (Medication Reactions, Vaccine Reactions, Anesthesia Risks) _____

Late Notice Cancellation / Late Arrival / No-Show Policy:

Our clients and patients are important to us, and we try our best to accommodate their needs. When we have reached our capacity for the day, we are forced to turn away pets that need to be seen urgently. Last minute cancellations and missed appointments further impact our ability to provide veterinary care by taking away valuable appointment spots. Our goal is to ensure that we maximize availability for all our patients so that we can continue to provide the highest quality of care. If you cannot make your scheduled appointment time, please call prior to notify us and we can help you make alternate arrangements. In order to be fair to all clients and avoid confusion, the following policy is in place:

1. Please call to cancel an appointment at least 24 hours in advance. Calling to cancel within an hour of the appointment time will automatically be considered missed.
2. If you are late to your appointment, please call ahead of arrival to notify us. Our staff will do our best to accommodate you. If you are over 10 minutes late, you may be asked to reschedule to be fair to other clients. If you miss your scheduled appointment, we will try to reschedule you in a timely manner. Please be aware this is not always possible.
3. Any combination of two missed appointments or short notice (<1 hour) cancellations within a 12-month period may result in the requirement of a non-refundable deposit (equivalent to the exam fee) to schedule future appointments, or dismissal from our practice.

By signing this form, I agree to the above terms and conditions set forth by North Lake Veterinary Clinic.

Owner Signature: _____ Date: _____

ALL FEES ARE DUE AT TIME OF SERVICE.

AGAIN, THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU