



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: <city>	State:	
Primary Phone Number: <input type="checkbox"/> Cell	Work Number: <input type="checkbox"/> <b>ER ONLY</b>	Secondary Phone Number: <input type="checkbox"/> Cell	
<b>We are text friendly! Please let a member of our staff know if you would prefer to NOT receive text messages.</b>			
Spouse/Co-Owner Phone:		E-Mail Address:	
Spouse/Co-Owner Name: <spouse>		Employer:	
<b>How did you learn about our clinic?</b> <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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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?			

**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 cancelled appointment without sufficient notice, create a gap in our providers' schedule. These are appointments that could have been utilized to offer care to another patient.

#### **Cancellation**

We understand that unexpected or unavoidable situations may occur resulting in an appointment being cancelled. Please call us at (208) 853-0640 by 2:00 p.m. on the day prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 12:00pm on Saturday. If Hendricks Veterinary Hospital deems that cancellations / missed appointments are becoming frequent we reserve the right to assess a \$50.00 fee for missed appointments.

#### **Late Arrival**

Hendricks Veterinary Hospital makes every effort to maintain a schedule that allows individual time with each individual and pet. Appointments are set to reserve this time, making it critical that you arrive to your appointment on time. Late appointments may 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.

#### **Missed Appointments / No Shows**

Hendricks Veterinary Hospital makes attempts via phone and email to remind clients of appointments. Because time is reserved for you and your pet, missed appointments take time away from other pets that may need to be seen. Clients who do not properly cancel appointments will be considered a "no show". If a client has 2 or more "no shows" we may elect to no longer reserve appointments, no longer provide care to that client's pets, or charge a non-refundable deposit prior to scheduling an appointment.

**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 \_\_\_\_\_