

1020 3rd Street
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Nicollet, MN 56074
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Gala Beckendorf, DVM Crystal Norell, DVM Abby Helgeson, DVM

Our mission at Nicollet Veterinary Clinic is to provide quality veterinary services for your pets. If you have any questions or concerns, please let us know. Thank you for choosing our clinic!

Owner Information

Today's Date: _____

Primary Account Name _____ Primary # _____

Spouse/Other _____ Other Phone # _____

Address _____ City/State _____

Zip Code _____ Email Address _____

Reason for today's visit? _____

Pet Information 1

Name: _____ Species? (dog/cat) _____ Breed: _____

Color: _____ Sex? (M/F) _____ Spayed/Neutered? (Y/N) _____ Age or DOB _____

Special Medication Information _____

List typical eating schedule (type of food and how much, treats, etc.) _____

Pet Information 2

Name: _____ Species? (dog/cat) _____ Breed: _____

Color: _____ Sex? (M/F) _____ Spayed/Neutered? (Y/N) _____ Age or DOB _____

Special Medication Information _____

List typical eating schedule (type of food and how much, treats, etc.) _____

Client Policy Form- Nicollet Veterinary Clinic

Payment Policy

Payment is due in full at the time services are rendered. We accept cash, check, VISA, Mastercard, Discover, and American Express. We also accept Care Credit which provides credit for health-related expenses interest-free for up to six months. (Apply at CareCredit.com)

Appointment Policy

Office hours are by appointment.

Calling as early as possible for a sick animal will give us the best opportunity to schedule an appointment to meet your pet's needs. Please tell a staff member if you feel your animal needs to be seen immediately; asking for a Doctor to call you may delay treatment.

We cannot accommodate late appointment arrivals; please be ready for your appointment at the scheduled start time. Multiple late appointment arrivals will be subject to a fee.

We require a 24-hour notice to cancel a routine appointment, and a 48-hour notice to cancel a surgery appointment. Cancellations that do not follow notice requirements are subject to a fee.

Missed appointments with no notification will be charged \$50.00 for a routine appointment and \$100.00 for a surgery appointment. We require a \$50.00 deposit for all new client appointments; if the appointment is missed, the \$50.00 is applied to the missed routine appointment fee. We require a \$100.00 deposit for all surgery appointments; if the appointment is missed, the \$100.00 is applied to the missed surgery appointment fee.

Keeping your appointment time or providing adequate notice if needing to reschedule is appreciated, as we have many patients that have urgent appointment needs where their health depends on it.

Medication Policy

We require 24-hour notice for all prescription refill requests. To request a refill, call the main clinic phone number and follow the prompt to the prescription refill request voicemail.

We cannot accept returned medication once dispensed, even if it is unopened. If your pet experiences a reaction to a medication or refuses due to palatability, we can request a refund from the vendor at their discretion.

Email Policy

We are not able to give medical advice, accept prescription orders, schedule or cancel appointments, or conduct hospital business via e-mail. Please contact us by phone or in person.

Client Signature

Date