NDS Animal Hospital

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https://www.ndsanimalhospital.com/

Welcome to NDS Animal Hospital - New Client Form

Thank you for giving us the opportunity to care for your pet! Please help us meet your needs better by taking a moment to share some important information. Must be 18 years of age or older to complete this form.

Primary Contact Name

_____

Primary Contact Phone number

_____

Primary Contact Email Address

_____

Home Street Address

_____

Home City **Home State** **Home Zip Code**

_____ _____ _____

Secondary Contact Name, Phone number and email

_____

Previous Vet Hospital Name and Phone number

_____

Pet Information - please indicate your pet (or pets) name, approximate age or DOB, breed, color and indicate male or female and if your pet is spayed or neutered.

Name	Age	DOB	Breed	Color	Male/Female	Spayed or Neutered

How did you hear about us?

☐ Family/Friend (please indicate below)

☐ Google

☐ Facebook/Instagram/Social Media

☐ Other (please indicate below)

Is anyone in your home (human or pet) allergic to peanut butter or have other allergies?

☐ Yes - Peanut Allergy

☐ Yes - Cat Allergy

☐ No Allergies

☐ Yes - other allergy - indicate below

Medical Records Release - Release records to other hospitals, emergency hospital, pet insurance, boarding, grooming or doggy day care

☐ Yes - I authorize my pets medical records to be release

☐ No - I do not authorize my pets medical records to be released unless verbal approval is given

Do you have pet insurance

☐ Yes - please indicate below

☐ No

Photograph and Video Release: There may be times we would like to share a photo or video of your pet with our social media site (including but not limited to our website, Facebook, Instagram, etc.) Please Indicate your wishes below:

☐ I hereby grant permission to use my pet(s) photograph or video on social media, website, promotional material, etc without compensation. Material will become property of the hospital.

☐ I decline the use of my pet(s) photograph or video on any social media, website, promotional materials, etc.

Notification Setting - We use text messages and email to communicate appointment reminders, as well as your pet's health reminders (vaccines, exams, etc), and occasional emergency closure notices. If you would like to opt OUT of these reminders, please indicate below

☐ I consent to text and email notifications at the above primary cell number or email

☐ I consent to email notification ONLY

☐ I consent to text notifications ONLY. I am aware I will not receive my pet's reminders and will need to use the PetPortal to see when they are due for services.

☐ I decline both email and text notifications. I am aware I will not receive my pet's reminders and will need to use the Pet Portal to see when they are due for services.

I, _____, the undersigned, am the owner or agent for the owner of the animal(s) described, and I have the full and exclusive authority to execute this consent.

- I certify that I am 18 years of age or older. - I give permission to doctors, staff, authorized agents, or representatives of this hospital to examine, prescribe for, and treat my pets - I agree to pay for all services rendered and medications, goods, and supplies when purchased - I understand that all fees are due at the time services are rendered and the hospital accepts cash, check, care credit, scratch pay and all major credit cards - I understand that a deposit may be required for surgical or medical treatment - I release this hospital from any and all liabilities By my signature below, I hereby acknowledge that I agree to all of the above and acknowledge that receipt of a copy of this agreement upon request.

Owner/Agent Name

_____

Date

_____

Owner/Agent Signature

_____

Is there anything else you would like us to know?

_____