



New Client Form

A Valid Form of I.D. Required to Verify Information

Owner's information:

First Name: _____ Last Name: _____

Primary Name & Phone #: _____ Landline Cell

Secondary Name & Number: _____ Landline Cell

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Driver's License Number (Required): _____

How did you hear about us?

Yelp Google Facebook LinkedIn Word Of Mouth

Referred by _____ Drive By Other _____

Pet Information:

1. Name: _____ Breed: _____ Sex: _____

Date of Birth: _____ Color: _____ Spayed Neutered

Known allergies: _____ Current Medications: _____

2. Name: _____ Breed: _____ Sex: _____

Date of Birth: _____ Color: _____ Spayed Neutered

Known allergies: _____ Current Medications: _____

Previous Vet(s): _____

Card Payment Information (required): Visa MasterCard Discover AmEx CareCredit

Card Number: _____ Expiration: _____

Cvv code: _____ Billing Address: _____

Same as mailing address

Thank you for choosing Rancho Sequoia Veterinary Hospital for your pet's healthcare. Below you will find the necessary information regarding your responsibility for the services we provide and understand that your signature will act as your acknowledgement of this responsibility. If you do not agree with our office policies, we respectfully request that you do not make an appointment with our practice.

Office Hours

We are open Monday through Friday from 8:30am-6pm and Saturdays from 9am-1pm. Closed from 1-2pm for lunch. We are NOT a 24 hour facility. **Initials:** _____

Emergency Care

During regular business hours please contact our office regarding any emergencies. Please note that there will be an emergency office visit exam fee if you do not have a scheduled appointment. After business hours, our messaging system will direct you to VSEC on 2967 N. Moorpark Rd. in Thousand Oaks. **Initials:** _____

Payment for Services

You accept full financial responsibility for all charges incurred, and you agree to pay for these charges. Payment is required in full at the time of services rendered. Please feel free to discuss fees before services are rendered. We accept payments in the form of Cash, care credit and all major credit/debit cards.

- A prepayment is due upon arrival prior to admission.

WE DO NOT ACCEPT CHECKS until you become an established client with enough credibility. We require a method of payment to remain on file with us at all times. This information is kept secure in our computer system and will never be used without your knowledge. **Initials:** _____

Surgery Deposits

All general surgeries/dental/anesthesia/sedation require a minimum deposit of \$1000.00, which must be paid on the day the surgery appointment is scheduled. All surgery deposits are non-refundable, if cancelled/rescheduled without 3 business days' notice. Surgery deposits will be applied to the balance of the final invoice. If you are unable to pay the deposit we will not schedule the surgery appointment. We accept deposits in the form of Cash, care credit and all major credit/debit cards **Initials:** _____

Specialist Appointments/Surgery Deposits:

All specialist appointments require a deposit, which must be paid on the day the appointment is made. Deposit is based on the total estimated charges for the surgery. All Specialist Consultation Appointments/Surgery Deposits are non-refundable unless adequate notice to the specialist is given. Minimum of 4 business days' notice required. Deposits will be applied to the balance in the final invoice. If you are unable to pay the deposit we will not schedule the consultation or surgery appointment. We accept deposits in the form of Cash, care credit and all major credit/debit cards **Initials:** _____

Cancellation/Missed Appointment Policy

Please refer to Financial Policy Statement

Late Arrivals

Please refer to Financial Policy Statement

Veterinary Insurance

We accept veterinary insurance, however, full payment for services rendered are due at the time of the office visit. We **DO NOT** balance bill. It is your responsibility to contact your insurance company prior to your visit with us so that you understand your benefits. Please provide us with your insurance forms at the beginning of your pet's appointment. We will gladly complete the paperwork for your claim. **Initials:** _____

Zero Tolerance Policy

Rancho Sequoia Veterinary Hospital always encourages a respectful environment for clients and our staff. Abusive language or behavior (such as racism, sexism etc) will NOT be tolerated by any means. Abusive language or behavior of any kind will result in the immediate dismissal from our practice. We reserve the right to refuse service at any time. **Initials:** _____

Electronic Filing and Documentation

Rancho Sequoia Veterinary Hospital utilizes electronic equipment in efforts to document services and/or procedures performed. We may record conversations for quality control and take photos, send text messages or videos for documentation purposes. We will not release any picture or video to public without your consent. By initialing below, you agree to all of the above.

Initials: _____

Communication Policy

We require that there is only one primary contact that we maintain contact with during the patients stay. I am the Primary person of contact for this condition and acknowledge the following: All medical communications regarding my pet will be communicated only between RSVH and the primary contact. All financial decisions and approvals will be communicated and approved by the primary contact. Due to the time constraint, effective communication is established between RSVH and the primary contact only. Any other party who's interested in patient's condition should be informed by the primary contact. Ranch Sequoia Veterinary Hospital is not responsible for any communication outside the primary contact. I understand that ALL phone conversations (Incoming and Outgoing) are being recorded for quality assurance. **Initials:** _____

Financial Policy Statement

Please read the following policies carefully.

Medication Refills- We highly recommend that you contact us approximately one week prior to running out of medication(s). Medication refills may not be honored if the patient has not been evaluated by a licensed veterinarian recently. Please note that some medication refills may require lab work before a refill is authorized. Urgent refills may be honored with the understanding that the pet is to be evaluated before another refill is authorized. **Initials:** _____

Outstanding Balance-It is our policy that full payment is rendered AT THE TIME OF SERVICE. If for any reason your account accumulates an outstanding balance, a single phone call will be made to resolve the issue. If no resolution can be made, the account will be turned over to a collections agency, or, attorney with the possible discharge from the practice. In the event the account is turned over for collections, the person financially responsible for the account will be responsible for all collections cost including but not limited to attorney fees and court costs. All outstanding balance needs to be paid in full prior to receiving medical services or transferring records to another facility. No exceptions. **Initials:** _____

Checks/ Initial fee - Please note we DO NOT accept checks. A \$76 fee will be collected when you arrive for your initial appointment. Note, Exam fees vary. **Initials:** _____

Late Cancellation/ Missed Appointment Policy

Our practice has found it necessary to implement and enforce a missed appointment/ cancellation policy due to the ongoing issue of clients cancelling without giving adequate notice. Missed appointments result in the loss of valuable time that could be spent with patients in need of medical care. We (Rancho sequoia veterinary hospital) hold authority to charge any card on file if you do not show for your scheduled appointment. Please call us 24 **BUSINESS HOURS** before your scheduled appointment to notify us of any changes or cancellations. Surgery appointments must be cancelled within 3 business days to avoid voiding of deposit. Saturday no show/late cancellations **will** be charged a fee automatically if you, said client, does not show or cancels appointment that same Saturday. To cancel a Monday appointment, please call our office by 6 p.m. on Friday. If prior notice is not given, you will be charged the full amount of office visit for the missed appointment or late cancellation. These rates are non-negotiable and non-refundable and will be charged to your account on the date of the missed appointment. Please note that ANY paid laboratory work is **nonrefundable**. You have 28 days to submit any samples (such as urine, stool samples etc.) requested by RSVH. There may be a laboratory processing fee if you do decide to cancel within the 28 days. I understand that RSVH does NOT have to remind me of missed/late cancelled appointment fees, your initials state that you understand the above fully.

Initials: _____

Late Arrivals - We make every effort to see you at the time that you are scheduled. We understand that your time is valuable to you, and we appreciate the same courtesy from you. We can stay on time with our appointments only if you arrive on time for your appointment. Consequently, we have a 10 minute late policy. If you are going to be late, please call us to see if we are still able to accommodate you. If you are late for an appointment, your appointment is NOT guaranteed. We will attempt to accommodate you on the same day if our schedule permits. Otherwise, you will need to reschedule. **Initials:** _____

ACKNOWLEDGEMENT:

By signing below, I acknowledge that I have read, fully understand, and I agree to the terms of Rancho Sequoia Veterinary Hospital's policies. I certify that I clearly understand said policies and am NOT currently under the influence of drugs/alcohol. I understand that I will be held financially responsible. I am the legal owner or representative of animal(s) present. I am over the age of 18 years.

Your Name (please print)

Date

Signature: _____