



New Client Registration

Primary Owner's First Name: _____ Last Name: _____

Date of Birth: _____ Cell Phone: _____

License/Valid ID State: _____ ID Number: _____

Co-owner First Name: _____ Last Name: _____

Date of Birth: _____ Co-owner Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

(Please provide the best email to receive information and updates on your pet's health - **ALL LAB RESULTS WILL BE COMMUNICATED VIA EMAIL**)

Emergency Contact Name: _____ Phone: _____

Pet Information

Patient Name: _____ Breed: _____

Color(s): _____ DOB: _____ Sex: _____ Neuter/Spay: Y/N

Pet insurance provider: _____ Policy Number: _____

Previous Vet Clinic: _____ Phone Number: _____

Patient Name: _____ Breed: _____

Color(s): _____ DOB: _____ Sex: _____ Neuter/Spay: Y/N

Pet insurance provider: _____ Policy number: _____

Previous Vet Clinic: _____ Phone Number: _____

May we post photos of your pet on social media? Yes / No

Pets social media handle and platform: _____

How did you hear about us? _____

Camera Use:

I understand that Vets on the Hudson may be filming while in their building. I understand that for staff safety, I am not allowed to film while inside the building, not limited to: the lobby, exam rooms or treatment areas.

Signature of client/owner responsible for pet(s): _____

PHARMACY AND LAB WORK POLICY:

I understand that Vets on the Hudson only approve online prescriptions through their online pharmacy, Vets First Choice, and Chewy. If I would like to use another pharmacy, I will have to pick up a written prescription. No prescriptions will be approved over the phone or via fax. Please allow 24-48 hours for any medication or prescription preparation. I also understand that all outside laboratory work can take 5-7 business days. It is possible that lab results may not be given to me until all labs have been finalized. All laboratory results will be communicated via email. Please ensure that you provide a valid and accurate email address. If you do not receive an email within 5-7 days, kindly contact us by calling or texting 201-441-1118.

Signature of client/owner responsible for pet(s): _____

APPOINTMENT TIME FRAME:

Appointments here with Vets on the Hudson are 30 minutes. Please be considerate of our time and of others. We have a 10 minute grace period. If you are more than 10 minutes late, Vets on the Hudson holds the right to cancel or reschedule your appointment. Any missed appointments are subject to our cancellation policy

Signature of client/owner responsible for pet(s): _____

CANCELLATION POLICY:

We have a 24 hour cancellation policy for all appointments; If you need to cancel or reschedule your appointment, please allow 24 hours. If 24 hour notice is not given, you will be charged a missed appointment fee. This also applies to NO SHOWS. If you do not show for a scheduled appointment, you will be asked to give a deposit in order to schedule another appointment, as well as pay your missed appointment fee.

For all Surgeries / Dentals / Procedures - We have a 7 day cancellation policy; If you need to cancel or reschedule, please allow 7 days. A deposit of \$400 is required at time of scheduling. If a 7 day notice is not given, your deposit will be kept and not refunded. This also applies to NO SHOWS. If you do not show for a scheduled surgery / dental / procedure, you forfeit your deposit. In order to reschedule the surgery / dental / procedure, it is required to pay the balance of your estimate at time of scheduling. **This does not apply to specialty surgeries performed by a traveling surgery specialist**

Signature of client/owner responsible for pet(s): _____

AUTHORIZATION: I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s) and any other pets I have given permission to be on my account in the future. I assume full responsibility for all charges incurred in the care of the animal(s). I verified all the above information is correct. I also understand that

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED.

Signature of client/owner responsible for pet(s): _____ Date: _____