



Vets on the Hudson
340 Old River Rd
Edgewater, NJ 07020-1690
Phone: **201-441-1118**
Fax: **201-441-1955**
info@vetsonthehudson.com
www.vetsonthehudson.com

New Client Form

1. Primary Owner First and Last Name *

2. Primary Owner Date of Birth *

3. Cell Phone Number *

4. Primary Owner Email *

5. Co-Owner First and Last Name

6. Co-Owner Date of Birth

7. Co-Owner Cell Phone Number

8. **Co-Owner Email Address**

9. **Address ***

Street Address

City, State and ZIP

10. **Emergency Contact ***

Name

Phone Number

11. **Patient Information ***

Name

Breed

12. **Patient Information Cont. ***

Age or DOB

Sex and if spayed or neutered

13. **Any Behavioral Concerns? ***

Growling, Snapping, Biting, Aggressive with others?

14. **Additional Pet(s)**

Please provide if there are any other pets in the household and their information (Name, Breed, Age, Spayed/neutered?)

15. **Previous Vet Clinic/Hospital ***

Please make sure you name ALL clinics/hospitals your pet went to (ER, mobile vet, specialists, low cost clinics, etc) If you have the medical records in a physical form please take pictures of it and email it to info@vetsonthehudson.com

Name

Phone Number

16. **Second Opinion**

IF you're bringing your pet in for a second opinion please attach their medical records below (x-rays, echocardiogram, bloodwork, ultrasound, doctor's notes)

Drag and drop a file here or click the button below to select a file to upload.

 **Select File**

17. **Does your pet have insurance? If so, which company is it? ***

18. **May we post pictures of your pet(s) to social media? ***

Select...

19. Does your pet have social media? If so let us know so we can tag them!

20. How did you hear about us? *

If you were referred by someone, let us know their name or pet's name

21. Drivers License/ID *

Please attach a copy of your valid ID below. Since we dispense controlled medications, we are required to verify ID before an evaluation.

Drag and drop a file here or click the button below to select a file to upload.

 **Select File**

22. Camera Use Policy *

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.

Sign here

23. 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.** Vets on the Hudson does not accept returns of medication once it leaves the clinic. No refunds are issued once lab charges have been paid.

Sign here

24. Appointment Time Frame *

Regular 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. Recheck appointments are 15 minutes. The grace period for recheck appointments is 5 minutes. Any missed appointments are subject to our cancellation policy

Sign here

25. No Touch Policy *

For everyone's safety, we have a strict "no touch" policy for our clients while your pet is being treated by our doctors or staff. This helps us focus fully on your pet's care. Please note that Vets on the Hudson cannot be held responsible for any injuries sustained by owners who do not adhere to this policy.

Sign here

26. Cancellation Policy *

We have a 24 hour cancellation policy for all appointments. If you need to cancel or

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 notice. 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**

Sign here

27. 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 and all refunds will acquire an additional 8% processing fee.

Sign here

Complete

