

# 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](mailto: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)

No file selected

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

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

Yes

No

**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.

No file selected

**22. Camera Use Policy\***

Vets on the Hudson has surveillance cameras recording at all times. 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.

## **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 up to 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.

## **24. Appointment Policy\***

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. All same day cancellations/no shows will require a non-refundable scheduling fee before booking any future appointments. Rabies vaccine is REQUIRED for all technician appointments. If a rabies vaccine is not up to date a doctor exam is mandatory.

## **25. No Touch Policy\***

For everyone's safety, clients and guests are not permitted to touch their pet while our doctors or staff are providing care. This allows our team to focus fully on treatment. Vets on the Hudson cannot be held responsible for injuries resulting from not following this policy.

## **26. Cancellation Policy\***

We have a 24 hour cancellation policy for all appointments. If 24 hour notice is not given, we will require a non-refundable scheduling fee before rescheduling. For all new clients we require a non-refundable scheduling fee in order to secure your appointment, if you cancel or no show, no refunds will be given. For all Surgeries / Dentals / Procedures - We have a 7 day cancellation policy. A non-refundable 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. In order to reschedule the surgery / dental / procedure, it is required to pay the balance of your estimate at time of scheduling.

## **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.