



New Client Form

Welcome to Klaich Animal Hospital. We would like to thank you for giving us the opportunity to care for your pet(s). Our friendly and knowledgeable staff look forward to providing the most compassionate and comprehensive care to you and your animal. To insure the best care possible, please take the time to fill out our client information sheet and read our hospital policies.

Owner Information

Owner Name: _____ Spouse Name: _____

Address: _____ City _____ Zip _____

Primary Phone Number: _____ Home Cell

Secondary Phone Number: _____ Home Cell

E-mail Address: _____

Hospital Policies

Payment is always due at the time of service. Please discuss any financial concerns with a client service representative prior to exam or treatment. We accept cash, checks (there will be a \$30 for any checks returned to us unpaid), Visa, Discover, American Express or Mastercard. We also offer Carecredit, a deferred interest credit card that can be used for all veterinary services. Please feel free to ask any of our staff members about Carecredit. _____ Initial

During the hours not specified as "business hours" there are times when hospitalized pets will be unattended. During many of these non-business hours, we have trained staff in attendance who are able to perform duties as instructed by our staff of veterinarians. The veterinarians, themselves, are in the hospital both during and after hours working on hospitalized animals dictated by the patient's needs. Those cases that are in need of constant, critical care and/or monitoring are advised to transfer to a facility that is able to care for those needs. It is up to the owner's discretion how he/she chooses to comply with the recommendations of our veterinarian caring for their pet. In each and every case we feel our suggestions are always in your pet's best interest. _____ Initial

We understand that there may be times when you must miss an appointment due to emergencies or obligations from work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much-needed treatment. A late cancellation or frequent cancellations may result in a \$78 cancellation fee being applied to your account. You may review our full cancellation policy on our website under hospital policies. _____ Initial

Our urgent care examination fee is \$115. There is no separate exam fee or walk-in fee associated with the urgent care visit, however we do require a \$150 deposit. The urgent care examination fee also does not include diagnostics, treatment, or prescribed medication. There will not be a separate exam or walk-in fee associated with the urgent care visit. Urgent care service will be provided on a first-come, first-served basis between appointments. Our technical staff will offer triage assessments on our more critical or emergent cases to determine how quickly the patient needs to be seen by our veterinary team. All emergency cases will take priority over urgent care exams and appointments. Please be aware that on certain days the demand for urgent care exams is high and we may need to stop seeing urgent care exams before our posted time. _____ Initial

I confirm that the above information is correct and that I am the owner or authorized agent of the patient(s) that will be treated.

Signature: _____ Date: _____