

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: | SSN or Last 4 Digits: | |
| Spouse Name: | SSN or Last 4 Digits: | |
| Address: | City | Zip |
| Primary Phone Number: | | Home Cell |
| Secondary Phone Number: | | Home Cell |
| E-mail Address: | How did you hear about | us? |
| Hospital Policies | | |
| prior to exam or treatment. We accept cash, che Discover, American Express or Mastercard. We all veterinary services. Please feel free to ask and During the hours not specified as "business hour many of these non-business hours, we have traour staff of veterinarians. The veterinarians, the hospitalized animals dictated by the patient's not monitoring are advised to transfer to a facility the/she chooses to comply with the recommend feel our suggestions are always in your pet's be. We understand that there may be times when you work or family. However, when you do not call getting much-needed treatment. A late cancella applied to your account. You may review our fur care examination fee is \$120. There is no separa however we do require a \$150 deposit. The urgor prescribed medication. There will not be a secare service will be provided on a first-come, fir | also offer Carecredit, a deferred interply of our staff members about Carecredits. There are times when hospitalized ined staff in attendance who are able emselves, are in the hospital both during eeds. Those cases that are in need of that is able to care for those needs. It is able to care for those needs. It is attended to care for those needs. It is attended to the total care an appointment due to the total cancel an appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment, you may be attended to the cancel and appointment and the cancel and appointment appointment are exampled to the cancel and appointment appointment are attended to the cancel and appointment appointment are attended to the cancel and appointment appointmen | est credit card that can be used for edit Initial I pets will be unattended. During to perform duties as instructed by ing and after hours working on constant, critical care and/or is up to the owner's discretion how heir pet. In each and every case we emergencies or obligations from a preventing another patient from esult in a \$78 cancellation fee being ander hospital policies. Our urgent is with the urgent care visit, of include diagnostics, treatment, it with the urgent care visit. Urgent |
| triage assessments on our more critical or emer our veterinary team. All emergency cases will to that on certain days the demand for urgent care before our posted time Initial | ake priority over urgent care exams ar | nd appointments. Please be aware |
| I confirm that the above information is correct a treated. | and that I am the owner or authorized | d agent of the patient(s) that will |
| Signature: | Date: | |