

New Client Form

Client Information and Consent

Name

CLIENT'S
DOB
(NOT PET)

⚠️ REQUIRED for controlled drugs by DEA

Address

City

Zip

Mobile /
Home #

Work #

Email

Emergency Contact Information

Name

Phone #

Does Emergency Contact have permission to make decisions?

Yes

No

How did you hear about our Hospital?

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid for by the date of release, and that a deposit will be required for surgical treatment or hospitalization.

Signature

Date



Cancellation & Missed Appointment Policy

At Sycamore Veterinary Hospital, we strive to provide the best care possible for your pet and want to help everyone as much as we can. In order to do this, we need our clients to show up on time and to give us 24- hour notice for cancellations. When you cancel your appointment on the same day it makes us unavailable to help other pets in need. Please review our cancellation and missed appointment policy below.

- We require 24-hour notice to cancel an appointment to avoid fees.
- Any cancellations that are given less than 24 hours' notice will have a cancellation fee of \$80.00. An appointment is considered missed if it was not canceled within the 24-hour notice.
- If you are 15 minutes late, it is considered a missed appointment. We will do our best to accommodate you under these circumstances, but there are no guarantees.
- Any client that has missed an appointment will be required to pay a \$80.00 payment and prepay for future appointments.

By signing below, I understand and agree to the above policy

Print _____

Signature _____

Date _____





Patient Information

Please send recent/current vaccine records prior to appointment to office@sycamoreveterinaryhospital.com. Email is preferred.

Patient #1

Name _____ Male Female
Species (Dog, Cat, Other, etc.) _____
Weight _____ Age _____ Breed _____
Color _____ Spayed (F) Neutered (M) Not Spayed (F) Not Neutered (M)

Patient #2

Name _____ Male Female
Species (Dog, Cat, Other, etc.) _____
Weight _____ Age _____ Breed _____
Color _____ Spayed (F) Neutered (M) Not Spayed (F) Not Neutered (M)

Patient #3

Name _____ Male Female
Species (Dog, Cat, Other, etc.) _____
Weight _____ Age _____ Breed _____
Color _____ Spayed (F) Neutered (M) Not Spayed (F) Not Neutered (M)

Patient #4

Name _____ Male Female
Species (Dog, Cat, Other, etc.) _____
Weight _____ Age _____ Breed _____
Color _____ Spayed (F) Neutered (M) Not Spayed (F) Not Neutered (M)

