



KAIBAB VETERINARY CLINIC & THE REHAB NOOK



New Client Form

First Name _____ Last Name _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email Address (used for reminders, not for solicitation) _____

Driver's License# _____ State _____ Expiration Date: ___/___/___ Date of Birth: ___/___/___

*****ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED*****

How did you become aware of our clinic? Drove by Social Media I'm a Previous Client Website Search Engine

Personal Referral (*Whom may we thank?*) _____

Are you? Senior Citizen Student Military/Veteran/Law Enforcement Teacher

Are you interested in? Acupuncture Chinese Herbal Medicine Physiotherapy

Are we able to post pictures of your pet on social media? Yes No

	Pet #1	Pet #2	Pet #3
Name			
Species: Cat, Dog, Hamster, etc.			
Breed if Known			
Date of Birth or Approximate Age			
Color			
Sex			
Spayed or Neutered? (Y/N)			

If you have any previous medical records with you, please give them to the staff to make copies for our record. If you don't have medical records with you, please provide the name and location of the clinic your animal was previously seen. We can contact them for any medical records needed.

Name of previous clinic: _____ City _____ State _____

What do you feed your pet? _____

Does your pet have any previous illnesses or surgeries? _____

Is your pet on any special diets or medications? _____

Would you like to receive reminders about your pet's health? _____

How would you like to be notified of upcoming scheduled appointments? Phone Call Text Message Email

I hereby authorize the Doctors and Staff of Kaibab Veterinary Clinic & The Rehab Nook to provide medical services to my pet(s) and I assume full financial responsibility. **I understand that services are to be paid in full at the time my pet is released.** I also understand that a 50% deposit may be required for some surgical services and/or treatments. Any fees associated with an overdue account: late fees, collection agency costs which will be a percentage of 30% of the principle of the debt, reasonable attorney fees and court costs are my responsibility. The fee for any returned check is \$15.00.

Client Signature: _____ Date: _____

Would you like to have access to your pet's medical records, vaccine history and reminders? Ask us how!

Reception\Forms\New Client Form



Kaibab Veterinary Clinic & The Rehab Nook
 400 E Butler Avenue | Flagstaff, AZ 86001
 Phone (928) 774-8731 | Fax (928) 774-1020



Financial Policy

Thank you for choosing Kaibab Veterinary Clinic & The Rehab Nook. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. **Kaibab Veterinary Clinic & The Rehab Nook require payment in full at the end of your pet's examination and/or at the time of discharge.**

Payment Options:

We accept:

- Cash/check, Visa[®], MasterCard[®] or Discover Card[®]
- Convenient Monthly Payment Options¹ from the CareCredit[®] Healthcare CreditCard
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹
- Scratchpay.com

Additional Policy Information:

Kaibab Veterinary Clinic charges \$15.00 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

 Client/Owner Signature

 Date

 Client/Owner Name (Please Print)

 Pet Name

 Breed

¹ Subject to credit approval

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