

CLIENT NAME (owner of pet): _____ <first-name> <last-name>

STREET ADDRESS: <address>

CITY: <city>, <state> <zip>

HOME PHONE: <area> <phone>

CELL PHONE: <cell-phone>

EMAIL ADDRESS: <e-mail>

SECONDARY CONTACT: _____ RELATIONSHIP TO CLIENT:

SECONDARY PHONE #:

All reminders are sent via text or email

In case of an emergency, if you are unable to be present or unable to be reached, please list an authorized person able to make MEDICAL and FINANCIAL decisions for your pet(s).

MEDICAL/FINANCIAL: _____

Phone# _____

**I allow Goose Creek Veterinary clinic to use my pet(s) photos on any form of social media.*

YES NO *

NO-SHOW/LATE POLICY

We reserve the right to reschedule appointments for those who arrive 10 or more minutes late to their scheduled appointment. We respectfully request at least a 3-hour notice for all cancellations or rescheduled appointments. Appointments that are not cancelled or rescheduled at least 3-hours in advance are subject to a NON-REFUNDABLE fee of \$72. No-shows are subject to the same fee. Every effort will be made by our staff to make reminder calls. However, it is the responsibility of the owner to keep track of all scheduled appointments.

PAYMENT POLICY

Full payment is due at the time of service. We do not offer delayed billing or payment arrangements. For your convenience, we accept Cash, Visa, MasterCard, American Express, Discover, ScratchPay and CareCredit. We do not accept checks. We will be glad to provide you with a written treatment plan for all services rendered.

Every pet's health is important to us and appointments fill up quickly. We feel these policies are necessary to ensure that every pet has the opportunity to be seen in a timely manner.

I have read, understand and agree to the policy information provided above.

CLIENT SIGNATURE:

DATE:

