NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Name ______ Spouse/Co-Owner's Name _____

 Address ______Unit #_____ City _____ State ____ Zip ____

 Your Date of Birth ______ Phone (___) ____ Latest time we can call ____ : ____ pm



CLIENT INFORMATION

Place of Employment		Work phone ()	
Spouse/Co-Owner's Phone ()		-Mail Address	@)
			nay we thank?)	
Drove by, Yellow Page	s (YP.com), Website, Ye	elp, Google, I am a Pre	evious Client, Friend,	
CHC, Chino Connects_	_, Facebook Ad, Our Facek	ook Page, West Coast N	Magazine, Chino Champion	Newspaper,
Local Event (which one?)		, Other		,
PET INFORMATION PREVIOUS VET				
	PET # 1	PET # 2	PET#3	
NAME				
BREED				
DATE OF BIRTH/ AGE				
COLOR				_
SEX: M/F SPAYED OR NEUTERED?				
Allergies to Vaccines or Medications?				
Does your pet(s) have Mo	edical Coverage? Yes or No, (Company:		
Informed Consent:				
I understand that the	veterinary staff at Loving	Hands Animal Hospital	has the capacity to utiliz	e multiple holistic
complementary/alternat	ive modalities as an adjund	ct to my pets' veterinary	care. I understand that the	se modalities, from
traditional western veterinary care, are often not accepted or recognized by the AVMA and many American veterinary colleges a				
standard of care for animals. These include but are not limited to acupuncture, Chinese herbal medicine, western herbal medicine				
fecal transplantation, Traditional Chinese Veterinary medicine, food therapy, laser therapy, essential oils and nutraceuticals.				
acknowledge that Loving	g Hands Animal Hospital do	octors and staff will expla	ain the risks and benefits as	sociated with these
modalities.				
I acknowledge that I can	approve or decline any of th	e modalities offered for m	y pet.	
A 100% DEPOSIT OF PAY	MENT IS REQUIRED FOR ALL	SURGERIES AND HOSPITA	ALIZATION PRIOR TO SERVICES	S BEING RENDERED
ALL FEES ARE EXPECTED	TO BE PAID IN FULL UPON C	OMPLETION OF THE VISIT	<mark>r/HOSPITAL STAY.</mark>	
We accept all credit card	s and Care Credit. SORRY NC	CHECKS ARE ACCEPTED.	_Video & Audio Surveillance i	n use at ALL times.
In the event any balance	due hereunder is not paid	as agreed or refund is red	quested by credit card compa	ny, the undersigned
jointly and severally agre	es to pay all costs including	said unpaid balance, attor	rney fees, billing fees, collection	on fees, and finance
charges.				
		_		
Signature		Date		



Walk in and Cancellation Policy/Social Media Consent

In order to provide the best care for your pet, if you arrive more than 10 minutes late for your scheduled appointment, your appointment will be marked as canceled and the cancellation fee will apply.

Cancellation/No Show Policy

my pet on any social media platforms.

taken of my pet on any social media platforms.

The Loving Hands Animal Hospital has an increasing demand for scheduled consultations with our staff and veterinarians. Often it can take three to seven days to schedule an appointment with our veterinarians and up to four weeks to schedule a surgery. We value your time and ask that you respect ours by giving us advance notice if you need to cancel or reschedule your appointment. This gives us the opportunity to help as many animals as possible.

If you need to cancel or reschedule with less than 48-hours' notice or do not arrive to your scheduled doctor appointment, **there** will be a cancellation fee that is half the price of the regular exam or recheck price.

Signed:	Date:
Walk-in Policy	
We do our best to see all our clients ir being seen at their scheduled appoint	o our best to provide services to all our existing clients and all new clients to our facility. a timely manner. However, unforeseen emergent cases may cause a delay in a patient nent time. In addition, clients who bring their pets as a walk-in for non-emergent a scheduled appointment time or may have an extended wait time to be seen in the exam
cases that appear to be urgent will be	h Doctors or Technicians threatening threatening may have an extended wait time to be placed in an exam room with a Veterinarian. All triaged/assessed by a technician or veterinary assistant to determine if the pet needs to
be taken directly back to the treatmer	t room or if the pet can wait for an available room/ appointment time slot.
In addition, to provide the best care for continued care.	r your pet, we may have to refer your pet to an emergency facility for treatment or
•	ving Hands Animal Hospital of the order that pets are seen and that by signing this notice, ent, there is no implied nor written guarantee that my pet will been seen or treated on
Printed name	Date
Social Media Consent Form	
photos on a variety of social media pla	pture photos of our patients for medical and non-medical purposes. We share these tforms in order to educate and/or entertain the community. However we value the and will require written consent before sharing any of these photos.

hereby grant Loving Hands Animal Hospital permission to use any photographs taken of

_, hereby **DO NOT** grant Loving Hands Animal Hospital permission to use any photographs