



11828 Slater Ave NE Suite 100  
 Kirkland WA 98034  
 Phone (425) 823-6762 Fax (425) 814-8421

## New Client Information Form

Client Information			
Name:		Pronouns:	
Street Address:		<i>Please check preferred contact method</i>	
City:	State:	Zip:	<input type="checkbox"/> Home:
Email:		<input type="checkbox"/> Cell:	
Additional Owners			
Name(s)/Pronouns:		Email:	Phone:

Animal Information							
<i>*Please Include all the Animals in the Household*</i>							
Name	M/F	Spay/Neuter	Species	Breed	Color	Date of Birth	Insurance?
	M F	Y N	Cat Dog				Y N
	M F	Y N	Cat Dog				Y N
	M F	Y N	Cat Dog				Y N

Please carefully read the following agreements and sign below:

- **Authorization of Care:** I hereby authorize the veterinarian to examine, prescribe for, or treat my pets. I understand that some risks always exist, even in apparently healthy animals. These include unforeseen conditions that may be revealed during the procedures which require different or more extensive treatments, the potential side effects associated with the use of any medications, or in extremely rare cases death. I acknowledge that the veterinarians and hospital staff will try to minimize such risks. I will not hold Critter Doctor Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.
- **Cancellation Policy:** We require 24-hours-notice to cancel an appointment. We have a three strike policy for missed appointments. After the third strike, a non-refundable exam deposit will be charged when scheduling a future appointment. This deposit will be deducted from the total cost of the visit.
- **Collection of Payment:** I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release. I understand that if I have an unpaid balance with Critter Doctor and fail to make satisfactory payment arrangements, my account may be sent to a collection agency. I will be responsible for reimbursing the collection agency fee, which can be up to 35% of the debt, along with all associated costs, including reasonable collection and attorney's fees. I authorize Critter Doctor and the designated collection agency to contact me via phone (including wireless numbers), text messages (message and data rates may apply), and email using the provided contact information.
- **Respect for Staff:** I agree to Critter Doctor's policy of mutual respect. I will communicate and interact in a courteous and professional manner. I understand that my client-doctor relationship is contingent on appropriate general conduct and the use of respectful language.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Initial here to also consent to Critter Doctor taking and posting photographs of your pet(s).