



CLIENT PATIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible please take the time to fill in this form completely. Thank you.

Client Information:

Last Name: _____ First: _____

Preferred Pronouns: she/her he/him they/them Partner's

Name: _____

Partner's Preferred Pronouns: she/her he/him they/them

Street Address:

Primary Phone:

Secondary Phone:

E-mail:

Driver's License (when paying by check): _____

Emergency Contact: _____ Phone: _____

Patient Information:

Pet's Name: _____ Birthdate: _____

Dog Cat Other: _____ Sex: Male Female

Breed: _____ Spayed/Neutered: Yes No

Color: _____ No

Does your pet have any chronic illness? Yes

If yes, please describe: _____

Pet's current medications:

Describe your pet's diet: _____

Do you have other pets that come here?

Do you have pet health insurance? Yes No



How did you hear of us?

- Yellow Pages
- Sign
- Other
- Recommendation

I am the owner/guardian or the agent of the owner/guardian of the above described animal, and am over 18 years of age, and have the authority to execute this document.

All fees are due at the time the patient is released. A deposit is requested on all hospitalized patients other than elective surgeries.

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and cost of collection in the event of default. If payment becomes thirty days past due there will be a service charge at an a.p.r. of 18%.

Please select below :

I give permission for my pet's picture to be used on Rondout Valley Vets social media.

I do not give permission for my pet's picture to be used on Rondout Valley Vets social media.

Initials -----> --

Cancellation and No Show Policy

This policy has been established to help us serve you better. We understand situations arise in which you must cancel your appointment. It is therefore requested if you must cancel or reschedule your appointment, you provide more than 24 hours notice. This will enable another client who is waiting for an appointment for their pet to be scheduled in that appointment slot. With cancellations/reschedules made less than 24 hours notice, we are unable to offer that appointment to other patients. Office appointments which are canceled/rescheduled with less than 24 hour's notification will be subject to the following cancellation/no show fees:

Tech visits \$26.25, Doctor visit \$42, Surgery \$126 (48 HOUR NOTICE REQUIRED), Rehab visit \$47.25.

The cancellation/reschedule and no show fees are the sole responsibility of the client and must be paid in full before the patient's next appointment. We understand special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived, but only with approval by administration. Rondout Valley Vets believes a good veterinarian/client relationship is based upon understanding and communication. If you have questions about cancellation/reschedule and no show fees please call our office at (845) 626-5555 to speak with one of our Client Service Representatives.

Thank you,
Doctors and Staff

Signature:----- Date: _____

Method of Payment Cash Check OMC Visa Other