



SKY CANYON
VETERINARY HOSPITAL

Client and Patient Information Form

CLIENT INFORMATION

Date: _____

Owner Name: _____

Co-Owner Name: _____

Owner Address: _____

Co-Owner Phone: _____

City: _____

Email: _____

Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Do you want access to your pets Patient Portal? Yes / No

Emergency Contact: _____

How did you hear about us? _____

PATIENT INFORMATION

Patient Name: _____ Species: **Canine / Feline** Gender: **Female / Male**

Breed: _____ Color: _____

Date of Birth/Approximate Age: _____ Is your pet spayed / neutered? **Yes / No / Unsure**

Has your pet been to another veterinarian? **Yes / No** If so, where? _____

Do you have pet insurance? **Yes / No** What is your policy number? _____

SOCIAL MEDIA

We love social media! Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media? Your name and personal information will never be shared. **Yes / No**

OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, Sky Canyon Veterinary Hospital operates primarily by appointment. We also are available to see Walk-Ins and Emergencies, however, these services may be subject to a higher fee schedule. As such, we request all our clients be on time for scheduled appointments and procedures.

For your convenience, we can accept drop offs for exams, surgeries, etc. To ensure that we have the space to accommodate your pet, we request you make arrangements for this in advance. There may be a ward occupancy fee associated with drop off cases.

For your protection, and that of others, pets should be properly restrained by a leash or carrier upon arrival.

If you must cancel an appointment we ask for 24 hours' notice. For surgical appointments we ask for 48 hour cancellation notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

We accept cash, debit, or credit cards as well as checks. There is a \$25 fee for any returned checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients.

Sky Canyon Veterinary Hospital would be more than happy to fill your prescriptions or have your food orders ready for pick-up. We currently place our food orders on Fridays. They are usually ready for pick-up by the following Wednesday. We will call you to confirm any special orders that have arrived. We carry a limited amount of prescriptions in stock. Please give us 48 hours' notice on any special orders and we will call you as soon as it arrives. We also offer an online pharmacy. Medications and food can be delivered to your home address at your convenience.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that payment is **ALWAYS DUE IN FULL** at time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

Owner's Signature: _____ **Date:** _____