

Client Information Sheet

Client: Mr. Mrs. Ms. Miss. Dr. _____

Spouse/Other: Mr. Mrs. Ms. Miss. Dr. _____

Address: _____
_____ apt./suite
_____ city state zip

Home Phone: _____

Fax: _____ Email: _____ @ _____

Your Occupation: _____

Work Phone: _____ ext. _____

Alt. Work/Cell: _____ ext. _____

How did you hear of our clinic?

I hereby grant permission to the Newport Pet Clinic, Inc. to release pertinent medical history to another inquiring veterinary facility as necessary to assure appropriate medical care for my pets - such as an inquiry from an emergency clinic or other attending veterinarian.

I understand that this facility does not provide night time patient monitoring and that there is not a 'night attendant'. I also understand that all services provided by Newport Pet Clinic, Inc. are payable at the time that they are rendered.

Appointment Cancellation policy

We have more Patients who need care than we have room in our daily schedule to provide. When a client/patient does not show up for their appointment or cancels last minute, we are unable to fill this appointment with another patient. This policy is our attempt to ensure both your pets and other pets receive the care they need. Should any scheduling changes arise we require at **least 24 hours advance notice to avoid a \$50.00 cancellation fee.**

Authorized Signature

Date