



**CLIENT/OWNER INFORMATION**

LAST NAME (primary owner) \_\_\_\_\_ FIRST NAME (primary owner) \_\_\_\_\_  
LAST NAME (secondary owner) \_\_\_\_\_ FIRST NAME (secondary owner) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PRIMARY PHONE (360) 771-1920 \_\_\_\_\_ CELL PHONE (primary owner) ( ) -( ) - \_\_\_\_\_  
CELL PHONE (secondary owner) ( ) -( ) - \_\_\_\_\_

(If you live in Oregon) OREGON LICENSE

EMAIL ADDRESS \_\_\_\_\_

How did you hear of our hospital?  Drove By  Website  Search Engine  Other \_\_\_\_\_

Whom may we thank for your referral? \_\_\_\_\_

**Appointment Policy**

**1. Cancellation/No Show Policy for Doctor Appointment**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. **If an appointment is not canceled at least 24 hours in advance, you will be charged a \$25.00 no show fee.**

Initials: \_\_\_\_\_

**2. Scheduled Appointments**

We understand that delays can happen, however, we must try to keep the other patients and doctors on time. **If a patient arrives 15 minutes past their scheduled time, we may have to reschedule the appointment.**

**3. Cancellation/No Show Policy for Surgery**

Due to the large block of time needed for surgery, last-minute cancellations can cause problems and added expenses for the office. **If surgery is not canceled at least 24 hours in advance, you will be charged a \$100.00 fee.**

Initials: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

*We will gladly prepare a written estimate if you so desire. Please ask a doctor or staff member.*

I hereby authorize Claus Paws Animal Hospital to examine, prescribe for, and/or treat the pet described above. I agree to pay for services rendered at the time the pet is discharged from the hospital or when service is discontinued. Methods of payment are limited to cash, debit, Visa, MasterCard or Discover. I certify that I have read and understand this consent form.

SIGNATURE OF RESPONSIBLE AGENT:

DATE: 06/17/2016