

Rolling Hills Animal Hospital



Client ID # _____

Date _____

New Client Information Form

Welcome to Rolling Hills Animal Hospital. Our doctors and staff thank you for allowing us the opportunity to care for your pet(s). We look forward to working with you to maintain your pets' health in the years to come.

Primary Owner's Name _____

Spouse/Co-Owner's Name _____

Mailing Address (Including Postal Code) _____

Primary's Cell Phone _____

Secondary's Cell Phone _____

Home Phone _____

Work Phone _____

Occupation/Place of Employment _____

Email Address _____

How did you hear about us? Is there a client we can thank? _____

Another Hospital? _____

Advertising? _____

Appointment Policy: No show or cancellations of a doctor appointment without 24 hours' notice will be subject to a \$55 fee. Rolling Hills reserves the right to charge a fee of up to \$200 for each surgical appointment cancellation.
Payment Policy: We require payment in full at time of service. We accept the following forms of payment: cash, Visa, Discover, MasterCard, and CareCredit. We do not accept American Express.

Policy Agreements

By signing below, you acknowledge our 'Appointment Policy' and our 'Payment Policy.' You acknowledge that failure to comply with our appointment policy may result in a fee to your account, as well, you acknowledge that failure to abide by these policies may result in will result in a monthly billing charge of \$5 and a monthly finance charge of 1.5% on any unpaid balances.

Signature X _____