Client ID

# Client Information Form

Welcome to Rolling Hills Animal Hospital. Our team thanks you for allowing us the opportunity to care for your pet(s). We look forward to working with you to keep your pet healthy for many years to come.

Primary Owner's Name

Co-Owner or/ Spouse's Name

Primary Cell

Secondary Cell

Email Address

Mailing Address

City

Zip

Occupation/Place of Employment

How did you hear about us?

- ○ Is there a client we can thank?
- ○ Another Hospital?
- ○ Social Media?

**No-Show & Short Notice Cancellation Policy**

No show or cancellation of a doctor appointment without 24 hours notice will be subject to a $65 fee. Rolling Hills reserves the right to charge a fee of up to $200 for each no-show or short notice cancellation of a surgical appointment.

**Payment Policy**

We require payment in full at time of service. We accept the following forms of payment: Cash, Visa, Discover, Mastercard, American Express, and Care Credit. Scratch Pay payment plans are available.

By signing below, you acknowledge and agree to our *Appointment Policy* and *Payment Policy* terms. You acknowledge that failure to comply with our *Appointment Policy* may result in a fee to your account and refusal of future service. As well, you acknowledge that failure to abide by our *Payment Policy* may result in a monthly billing charge of $5 and a monthly finance charge of 1.5% each month on any unpaid balances.

Signature

Date

Updated 2026