

ANIMAL CLINIC DOWNTOWN New Client/Patient Information

Date: _____

Owner's Surname(s) _____ First Name(s) _____

Address: _____ City/Prov. _____ Postal Code: _____

Home Telephone: _____ Work Number: _____ Cell: _____

E-Mail: _____

Do you permit us to communicate medical and appointment related information about your pet via email?

YES NO

Alternate Contact Person and Number (Emergencies) _____

Pet's Name: _____ Pet's Name: _____

Breed: _____ Breed: _____

Color/Markings: _____ Color/Markings: _____

Birth date/estimated age: _____ Birth date/estimated age: _____

Sex: M ___ F ___ Sex: M ___ F ___

Spay/Neutered: Y ___ N ___ Spay/Neutered: Y ___ N ___

Date of last vaccines: _____ Date of last vaccines: _____

Tattoo/Microchip: _____ Tattoo/Microchip: _____

Previous Veterinary Hospital: _____

PAYMENT POLICY

Payment is due at the time services are rendered. Hospitalized patients **will not** be released without payment. We will prepare a written estimate prior to treatment if requested. Please ask the technician or doctor. If you are unable to meet our payment terms, you are obliged to notify us prior to treatment.

We accept the following forms of payment.

Cash Debit card MasterCard Visa

WE DO NOT ACCEPT CHEQUES.

I have read the above and understand the payment policy of **Animal Clinic.**

Signature

Date

Please indicate how you heard about our clinic:

- I noticed the clinic while driving/walking.
- A friend (if so, may we have their name so we can thank them _____)
- I saw your ad in the Yellow Pages.
- Another Vet Clinic (if so, may we have their name to thank them _____)
- Website (www.animalclinicalgary.com)
- Google

Animal Clinic complies with the Personal Information Protection Act, which came into effect in Alberta on January 1, 2004. We are committed to respecting the privacy rights of all of our clients by ensuring their information is collected, used, and disclosed in an appropriate manner.

Consent to Collect, Use, and Disclose Personal Information

I, _____, authorize Animal Clinic to collect, use, and disclose my personal information for the following purposes:

- to maintain current and accurate client files;
- to communicate with you in order to provide ongoing veterinary medical services to your pet(s);
- to re-unite you with your pet in the event that they become lost;
- to disclose your personal information and pets' medical records to other veterinary practices for referral purposes or as requested by you;
- to generate internal statistical data that does not identify you personally;
- to meet legal and regulatory requirements;
- to collect your account or process bills on your credit card should you give consent to do so;
- to communicate with your emergency contact person should you be unavailable in an emergency;
- for other such purposes as may be determined by us, acting reasonably, or as is otherwise authorized or required by law.

I understand that I may decline or object to having my personal information collected, used, or disclosed for the above purposes. I also understand that I may revoke this consent at any time by submitting a written notice.

Signature _____ Date _____

Should you have questions regarding our collection, use, or disclosure of your personal information, please contact our Privacy Officer.

Appointment Cancellation/No Show Policy
Downtown Animal Clinic, Calgary

Our goal is to provide quality individualized medical care in a timely manner. “No Shows” and late cancellations inconvenience those patients who are in need of medical treatment. We would like to remind you of our office policy regarding missed appointments.

Cancellation of an Appointment

In order to be respectful of the needs of other patients, please call 9th Ave Animal Clinic promptly if you need to cancel or reschedule your appointment. We appreciate at least 8 hours notification for appointments and more than 24 hours for surgeries. Your timely cancellation will help another client and their pet receive care.

As a courtesy, our staff will call you 1-2 days in advance to confirm your appointment.

No Show Policy

A “No Show” is someone who is not present at the time of their scheduled appointment/surgery and has not provided adequate notification. *If you have historically “no-showed” for an appointment/surgery, you will be asked to leave a credit card number in order to book a new appointment. If you “no-show” you will be charged a non-refundable fee of \$98.*

If you have any questions regarding this policy, please ask our staff and we will be glad to clarify your questions. We thank you in advance for your cooperation and understanding.

Appointment Cancellation/No Show Policy

I acknowledge that I have been presented with the Appointment Cancellation/No Show Policy and that I understand the policy.

Date: _____

Signature: _____

Printed Name: _____