



New Client Questionnaire

Client Name: _____

Spouse/Partner: _____

Mailing Address: _____

Phone Number(s) - Please note your preferred contact number with an (*):

Home: _____

Work: _____

Cell: _____

Email Address: _____

Would you like to receive reminders when exams and vaccines are due by () email or () regular mail (please check one).

How did you hear about KVVC? _____

Please list your pets below:

| | <u>Name</u> | <u>Species/Breed</u> | <u>Gender, spayed/neutered</u> | <u>DOB</u> | <u>Color</u> |
|----|-------------|----------------------|--------------------------------|------------|--------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

I am the owner, or the authorized agent for the owner, of the animal(s) described above, and I hereby give the veterinarians of the Kedron Valley Veterinary Clinic, and any authorized agents, staff, or representative's consent and authority to work on my pet(s).

I understand that by signing this form today, it shall remain valid for all of my present and future pets that may be patients of the KVVC.

Signature _____ Date _____



Financial Policy

Our veterinarians at Kedron Valley Veterinary Clinic strive to provide the best services to your pets. In order to accomplish this, **we require payment to be made in full** at the time of service. Acceptable forms of payment include cash, check, credit/debit cards (VISA, MasterCard, & Discover), and CareCredit. Unfortunately, we are unable to take post-dated checks or make individual payment plans. We can, however, help you apply for low or no interest CareCredit financing. If your pet is insured, you are still expected to pay in full at the time of service. You are then responsible for contacting the insurance company for compensation (reimbursement).

Written estimates will be provided for all procedures except routine exams; actual costs may vary by as much as 15%. Should costs exceed the estimate by more than 15% we will attempt to contact you as soon as possible.

A 1.5% fee is charged to unpaid accounts each month. If your bill has not been settled after 3 months, we reserve the right to send your information to a collection agency.

By signing below, I understand that if there are any unpaid charges, and they are not paid per Kedron Valley Veterinary Clinic policy, I will be responsible for any collection and/or attorney fees that are incurred in attempting to collect the debt.

I have read and agree to the above Financial Policy.

Signature _____ Date _____



Medical Record Release

If you plan to use KVVC for your regular veterinary care, please fill out the following form. We will ask your previous veterinarian to fax all medical history so that we may keep our records current.

Client Name: _____

Spouse/Partner: _____

Mailing Address: _____

Previous Veterinarian: _____

Client's Pet(s):

| | <u>Name</u> | <u>Species/Breed</u> | <u>Gender, spayed/neutered</u> | <u>DOB</u> | <u>Color</u> |
|----|-------------|----------------------|--------------------------------|------------|--------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

I am the owner or authorized agent of the pet(s) listed above and I authorize the release of all medical records (please include all doctor's notes). Please fax to Kedron Valley Veterinary Clinic (fax: 802-457-1264).

Signature _____ Date _____