

ELEMENTAL PET VETS, PLLC New Patient Information

Owner Name: _____ Best phone number: _____

Alternate Owner: _____ Phone number: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Email: _____

Pet Name: _____ Species: Canine Feline

Gender: Male Female Is your pet spayed or neutered? Yes No

Breed: _____ Date of birth or approximate age: _____

Color and markings: _____

Family Veterinarian/Practice: _____

Address: _____

Phone: _____ Email: _____

Authorization/Payment Policy:

I authorize ELEMENTAL PET VETS, PLLC to examine my pet. I understand that payment is due at the time of service. An estimate will be given per request. A treatment plan will be discussed prior to performing any such treatments.

I assume responsibility for all charges incurred in the care of my pet.

Social Media Policy:

I give ELEMENTAL PET VETS, PLLC permission to take photos and or videos of my pet that may be shared on social media. I understand that a brief description of my pet's presenting problem may accompany any pictures/videos of my pet.

I DO NOT give ELEMENTAL PET VETS, PLLC permission to take photos and or videos of my pet for any reason.

By signing below, I authorize both the Authorization/Payment Policy and Social Media Policy as outlined above.

Signature _____ Date _____

Please see reverse side of this sheet for page 2 of the New Patient Form

ELEMENTAL PET VETS, PLLC New Patient Information

Elemental Pet Vets Policies and Guidelines

1. Typically, our veterinarians will need to see your pet at least every six months for a recheck exam to continue offering any medical advice or medication refills.
 - a. This is subject to change based on the veterinarians' opinions and recommendations, there may be more frequent rechecks required.
 - b. Our office typically recommends blood work every 6 months (potentially sooner if requested by the veterinarian) or before any major procedure (such as MRIs, surgeries, etc). If you have blood work performed at another office, they will be responsible for the interpretation. There may be additional costs if to review any blood work performed outside of our facility
2. We require that all pets entering the hospital be in a pet carrier or restrained on a leash for everyone's safety.
3. Any aggressive pets must come in on oral sedative medications prescribed by your primary vet office. We may have to reschedule your appointment if aggressive pets are not properly sedated.
4. All medication refills requests require at least one weeks' notice. This allows for adequate time to properly address them. We cannot guarantee same day refills if you run out of medications. It is your responsibility to let us know in advance if you need a refill. Controlled medications require a physical script mailed to the pharmacy. Please keep that in mind when timing refill requests. Any emergency or same day refill requests may incur additional charges.
5. There will be a \$75.00 cancellation/no show fee imposed on all cancellations made less than 48 hours before a scheduled appointment. No appointment will be scheduled until this fee is paid. If you are going to be more than ten minutes late, we will likely have to reschedule your appointment to a later date. If you cancel the same day/no show the appointment and paid a deposit, that deposit will not be refunded. Consistently being late to or missing appointments may result in termination your veterinarian-client-patient relationship at our facility.
6. Here at Elemental Pet Vets, we do not tolerate any negative, inflammatory, or derogatory behavior or statements towards any of our staff members. It will not be tolerated and there will be no second chances given for that behavior. Our staff will end any calls or interactions as needed for their safety. Any of the above behavior may result in termination your veterinarian-client-patient relationship at our facility.

By signing below, I agree to abide by the above policies. I understand that Elemental Pet Vets has the right to deny services and appointments at any time based on my failure to abide by the above policies.

Signature _____ Date _____