

# New Client Form

Four Paws Animal Hospital  
and Pet Resort  
5620 Rowlett Rd.  
Rowlett, TX 75089  
(972) 475-7696

## Owner Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

D/L Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Significant Other \_\_\_\_\_ Significant Other Phone \_\_\_\_\_

**\*\*The person who has completed this paperwork has agreed to and is responsible for the financials of this account and the animals involved.**

## Pet Information

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Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Color: \_\_\_\_\_

Is your animal Spayed or Neutered? \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Is your pet Indoor or Outdoor? \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Color: \_\_\_\_\_

Is your animal Spayed or Neutered? \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Is your pet Indoor or Outdoor? \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Color: \_\_\_\_\_

Is your animal Spayed or Neutered? \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Is your pet Indoor or Outdoor? \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Pet Insurance Information

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If you require us to file with your insurance, on your behalf, additional fees may apply.

Does your pet have insurance?

YES

NO

Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please see reverse side.



# Payment & Hospital Policy

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Thank you for choosing Four Paws Animal Hospital as your veterinary health care provider. We are committed to your pet's treatment being successful and as cost effective for you as possible, while maintaining an atmosphere of superior customer service and patient care. The following is a statement of our Financial Policy. We ask that you please read and sign below.

Full payment is due at the time service is rendered. We accept **cash, debit, Visa, Mastercard, Discover, American Express, and Care Credit**. If there are any questions regarding fees or charges, please inform your customer service representative or technician before any services are performed. We DO NOT offer payment plans of any kind. All discounts must be applied at the time of check-out and cannot be applied retroactively.

Before any pet is admitted into the hospital, a deposit will be required before services are rendered with the balance due upon release.

In the event that a client refuses payment at any time for any reason, Four Paws Animal Hospital reserves the right to pursue legal action and file charges against that client for Theft of Services. Four Paws Animal Hospital will make every effort to collect payment expeditiously prior to charges being filed or legal action being pursued.

Four Paws Animal Hospital is not an animal shelter and does not accept surrenders. Any animal left in custody of the clinic for longer than 5 days past the scheduled pick-up date and time, with no effort made by the owner to communicate, shall be considered abandoned. Any animal abandoned at Four Paws Animal Hospital will be dealt with according to the discretion of the Four Paws Animal Hospital staff.

Four Paws Animal Hospital will always make every effort to communicate thoroughly and effectively regarding the pricing of and payment for services. It is the responsibility of both the clinic staff and the client to practice effective communication. We commit to always being honest, open, and willing to communicate with clients.

Four Paws Animal Hospital makes every effort to respect the time of it's clients and employees. For this reason, any client arriving more than 15 minutes late for a scheduled appointment will be rescheduled. In the event that an appointment is made, and not kept, a "No Show" fee of \$25 will be assessed. Any requests for records or prescriptions must be made at least 24 hours in advance.

Regarding Pet Insurance:

As the pet owner, it is your responsibility to file claims with your pet's insurance provider. If you require us to file with your insurance, on your behalf, additional fees may apply

CareCredit Policy:

Purchases totaling more than \$200.00 are eligible for interest-free financing up to 6 months. Any CareCredit charges totaling less than \$200.00 will be subject to the interest rates set by CareCredit.

**You understand that photo and video may be taken of your pet while participating in FPAH activities, and that these photos and videos may be featured on our website or other FPAH material.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_