

Nokomis Veterinary Service

New Client Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information _____ Date _____

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip _____ County _____

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Spouse's Cell: _____ Best Day/Time to Reach _____

Driver's License _____ Social Security _____

How did you become aware of our clinic? *Please check all that apply.* Drove By Facebook
 Website Google Search Community Event (Which one) _____
Other _____
 Personal Recommendation (Whom may we send a gift to thank?) _____

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
Name					
Species					
Breed					
Date of Birth					
Color					
Sex (spay or neuter)					

Does your pet(s) have any medical conditions? _____

If no Medical Conditions please initial _____

Cont. on back. - - - - ->

Patient Policies

Payment Policy:

Please read the following carefully & initial upon reading each section

___ I have provided information that is true and correct to the best of my knowledge.

___ I hereby give Nokomis Veterinary Service, LLC permission to examine and treat my animal.

___ **Payment is due upon completion of the visit.**

___ Nokomis Veterinary Service accepts cash, checks, and Visa, Mastercard, Discover & debit cards.

___ If legal action is necessary to collect outstanding fees incurred, including but not limited to filing fees, court cost, & attorney or agent fees.

___ We reserve the right to charge a service fee of **18%** each month on any unpaid balances.

___ Any animal left more than 10 days after the Completion of services will be considered abandoned and will become the property of Nokomis Veterinary Service. Dr. Stacey Funderburk will have the sole discretion over what to do with the animal.

Signature: _____ **Date:** _____

Consent for Email and Text Communication:

Clients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminder/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointments reminders and other healthcare communications/information at that email or text address from the practice.

___ (Clients Initials) I consent to receive text messages or emails from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages and emails for appointment reminders, feedback, and general health reminders/information at the following:

Cell Number: _____ Email: _____

___ (Client Initials) I do not consent to receive text messages or emails from Nokomis Veterinary Service.

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contract your carrier for pricing plans and details).

Signature: _____ **Date:** _____