

New Client Registration



Welcome to Garden Oaks Veterinary Clinic! Please provide the following information so that we can become better acquainted with you and your pet.

Primary Owner Information

Secondary/Emergency Contact

Name:

Address: Apt.

City, State, Zip:

Home #:

Cell #:

Work #:

Email:

Driver's License:

Name:

Relationship:

Home #:

Cell #:

Email:

Pet and Appointment Reminder Preference:
 Email Reminders Phone Call Reminders

Do you want this person to receive pet reminders?
 Email Reminders Phone Call Reminders None

- I authorize that this person has permission to make medical decisions for my pet(s), including but not limited to euthanasia: _____ (INITIAL)
- *OR*** This person DOES NOT have permission to make medical decisions for my pet(s): _____ (INITIAL)

How did you hear about us? (Select one):

Google Drive By Facebook Community Event: _____ Other: _____
 Yelp NextDoor Instagram If your pet has an Instagram account you would like us to follow, feel free to list it here! @ _____
 Boarding Facility: _____ Family/Friend: _____

We are proud to offer a generous reward program for referrals. Please be sure to give the full name of who referred you!

Pet(s) Information

Name	Birthdate	Breed	Color	Gender	Spayed/Neutered?	Microchipped?	PLEASE SCAN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
Does this pet have any medical and/or behavioral alerts we should know about?:							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
Does this pet have any medical and/or behavioral alerts we should know about?:							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
Does this pet have any medical and/or behavioral alerts we should know about?:							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
Does this pet have any medical and/or behavioral alerts we should know about?:							

Acknowledgement of Hospital Policies



The Garden Oaks Veterinary Clinic hospital policies were developed to support our goal of providing the most rewarding experience for our clients, their pets and our team members. These policies support delivering the highest possible quality of veterinary medical care, the highest level of safety, and the most efficient delivery of services. We kindly ask that while you are visiting us, please adhere to the following:

Appointment Policies

- **New clients:** We ask that you arrive to your appointment 10 minutes early so we can complete paperwork and enter your pet's medical records. Please bring all records with you or send them in advance. **Please note: We are appointment-based only and do not take walk-in appointments.**
- **Late policy:** We understand that traffic happens and unexpected situations arise, so if you will not be able to make it to your appointment on time, please call us right away. If you arrive later than 10 minutes after your scheduled time, the appointment will need to be rescheduled to ensure we have enough time to provide a thorough visit.
- **No-show policy:** After three no-shows or cancellations within two hours of your appointment time, we will require a \$55 deposit per pet to schedule an appointment from then on. This deposit will be forfeited in the event of another no-show or cancellation within two hours.
- **Saturday appointments:** We require a \$55 deposit per pet to schedule a veterinary appointment on Saturdays. The deposit will be forfeited in the event of a no-show or cancellation within 24 hours.
- **Emergencies:** While we do our best to see urgent cases during business hours, we are not an emergency clinic and therefore are not open 24/7. Depending on our schedule, staff availability, and the urgency of the situation, our team will assess if we are able to see your pet on an emergency basis (possibly for an additional fee) or if referring you directly to a local emergency clinic is best for your pet.

_____ (initial) I have read and acknowledge all GOVC Appointment Policies.

Surgery Policies

- A \$50 deposit is required to schedule all surgical procedures. The deposit will be forfeited in the event of a no-show or a cancellation within 24 hours.
- Owners should plan to meet with a technician for at least 15 minutes on the day of the procedure to review surgical consent forms when they drop their pet off. These consent forms are mandatory for us to proceed with the procedure.
- All surgery patients must arrive at the hospital between 7:00 a.m. and 7:45 a.m. Any patients who arrive later will have to reschedule and forfeit their deposit.
- All surgery patients must fast after 10:00 p.m. the night before surgery, with no food or water intake that morning (a technician will call and remind you of this information the day before). If the patient has eaten, the surgery must be rescheduled, and the deposit will be forfeited.
- All surgery patients (unless otherwise noted) need to be picked up between 5:00 p.m. and 5:45 p.m. If they are not picked up before we close at 6:00 p.m., the pet will be boarded at the owner's expense.

_____ (initial) I have read and acknowledge all GOVC Surgery Policies.

Acknowledgement of Hospital Policies, cont'd.



Third Party/Online Prescription Policy

- We do not approve any third-party prescription requests (1-800-PetMeds, Chewy.com, etc.) due to concerns of safety and authenticity. Instead we advise clients to purchase medications directly from our clinic or use our trusted online pharmacy partner, Vetsource. Discount online pet supply retailers may seem convenient, but they are often not the safest place to get the medications, preventives and prescription foods your pet needs.
- Written prescriptions will only be approved on a case-by-case basis.

_____ (initial) I have read and acknowledge all GOVC Third Party Prescription Policies.

Payment Policies

- Payment is due at the time of service. We do not offer in-house payment plans, but we do offer Care Credit and Scratch Pay. Please see a team member for more information.
- Upon request, an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- In the event that all charges are not paid in full, the account will be sent to collections after 30 days. Interest will be charged at 1.5% per month on any unpaid balance until the balance is paid in full.

_____ (initial) I have read and acknowledge all GOVC Payment Policies.

General Hospital Policies

- All pets must be leashed or in a kennel at all times.
- For safety purposes, we trust our trained staff to restrain pets and are unable to allow owners to restrain under any circumstances.
- All unvaccinated pets/puppies should be carried and kept away from other pets.
- At Garden Oaks Veterinary Clinic, we treat our clients and their pets with kindness and respect. As such, we reserve the right to refuse service to any clients for not showing us the same courtesy. We thank you for your cooperation!

_____ (initial) I have read and acknowledge all GOVC General Hospital Policies.

Photo and Media Release

We will take photos of your pet as needed for our medical records. We ask your permission to take additional photos of you and/or your pet to copyright, use, and publish in print and/or electronically. We may use such photographs for any lawful purposes including, but not limited to: publicity, marketing materials, advertising, website content, and social media content.

_____ (initial) I authorize Garden Oaks Veterinary Clinic to take photos of me and/or my pet for uses explained above.

_____ (initial) I DO NOT authorize Garden Oaks Veterinary Clinic to take photos of me and/or my pet beyond medical record needs.

Signature: _____ Printed Name: _____ Date: _____