

New Client Registration Form

Name: _____ Circle one: Mrs. / Ms. / Mr. / Dr. Address: _____

City: _____ Zip Code: _____ Primary Phone
Number: _____ Secondary Phone Number: _____ Email: _____

Preferred method of contact: ☐ TEXT ☐ E-MAIL

Spouse/Other: _____ Circle one: Mrs. / Ms. / Mr. / Dr. Primary Phone
Number: _____ Email: _____ Emergency
Contact: _____ Phone Number: _____

How did you hear about us? ☐ Internet search ☐ Employee ☐ Hospital Sign ☐ Clinic Website ☐ Existing Client (whom may we
thank?) _____ ☐ Other

Hospital Policy

At Argyle Veterinary Hospital, our goal is to ensure that we are able to serve you and your pet in every way possible to the best of our abilities and that our team is able to provide the level of care that fits within your budget. It is important that your financial commitment and responsibilities are made clear before treatment begins.

We offer a wide range of services, equipment, and medicine in order provide the best possible care for your pet. We will discuss all medical options with you and help you decide on a course of action for diagnostics and treatment. In the case of emergencies, your pet will be stabilized before your medical options are presented. We are happy to prepare an estimate of service fees if desired. If you are on a budget, please let your doctor know so that we can customize a treatment plan for you and your pet.

In order for Argyle Veterinary Hospital to provide proper treatment, we must ensure that you are able to comply with our payment policy. For your convenience we accept Cash, Check, Mastercard, Visa, Discover, American Express, and Care Credit.

- 1.) All professional fees are due at the time services are rendered.
- 2.) A deposit may be required If your pet is hospitalized or requires extensive medical or surgical procedures.
- 3.) There will be an additional charge for any check returned unpaid.
- 4.) You will be responsible for paying all professional and legal fees associated with collection.
- 5.) If it is noticed during your appointment that your pet has external parasites (fleas/ticks), they will be treated immediately and at the pet owners expense.

Argyle Veterinary Hospital staffing hours are as follows:

Monday – Friday: 7:30am – 5:30pm

Saturday: 8am – 4:00pm

It is important that you are aware and fully understand that no continuous medical care and/or observation will be provided outside of the hours listed above.

☐ I acknowledge that I understand and agree to comply with the above policies and requirements. Signature of Owner or

Responsible Party: _____ Date: _____

Patient Information

Name: _____ **Species:** ☐ Dog ☐ Cat ☐ Other: _____ **Breed:** _____

Sex: ☐ Male ☐ Female / ☐ Spayed ☐ Neutered **Color:** _____ **Birthdate:** _____

Personality (friendly/nervous/aggressive/etc.): _____ **Medical**
Conditions: _____
Current Medications: _____

Name: _____ **Species:** ☐ Dog ☐ Cat ☐ Other: _____ **Breed:** _____

Sex: ☐ Male ☐ Female / ☐ Spayed ☐ Neutered **Color:** _____ **Birthdate:** _____

Personality (friendly/nervous/aggressive/etc.): _____ **Medical**
Conditions: _____
Current Medications: _____

Name: _____ **Species:** ☐ Dog ☐ Cat ☐ Other: _____ **Breed:** _____

Sex: ☐ Male ☐ Female / ☐ Spayed ☐ Neutered **Color:** _____ **Birthdate:** _____

Personality (friendly/nervous/aggressive/etc.): _____ **Medical**
Conditions: _____
Current Medications: _____

Name: _____ **Species:** ☐ Dog ☐ Cat ☐ Other: _____ **Breed:** _____

Sex: ☐ Male ☐ Female / ☐ Spayed ☐ Neutered **Color:** _____ **Birthdate:** _____

Personality (friendly/nervous/aggressive/etc.): _____ **Medical**
Conditions: _____
Current Medications: _____

Client/Patient

Photo & Video Release

Argyle Veterinary Hospital (AVH) maintains an internet presence for purposes including marketing and client education (i.e. website, Facebook, Instagram, etc.). Part of this presence includes posting photographs and video of our practice and its daily workings. We may be interested in using pictures and/or video of your pet(s) and/or family as part of the effort to maintain, expand, and educate the public about our business and services. We would refer to pets and people pictured by first name only, if at all. Please let us know if we may use/post photographs and/or video of your pet(s) and/or family by initialing one of the

following options:

_____ AVH has my permission to use/post photographs and/or videos of my pet(s) and/or family.

_____ AVH has my permission to use/post photographs and/or videos of my pet(s) **ONLY**.

_____ AVH does **NOT** have my permission to use/post photographs and/or videos of my pet(s) and/or family. Owner

Signature: _____ Date: _____