

Update Client Contact Form



Welcome Back to NorthPaws Animal Hospital!

We love providing care to your furry and feathered family members! Please confirm your contact information below so that we can continue to provide the best possible care for you and your loved ones.

Name: _____ Co-Owner: _____

Please circle your preferred pronoun: She He They Per Ze Sie Zie Ey. Pronoun not listed, I prefer _____

Please circle co-owner preferred pronoun: She He They Per Ze Sie Zie Ey. Pronoun not listed, I prefer _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check if mobile/cell phone:

Primary Phone: _____ Secondary Phone: _____

Work Phone: _____ Email Address: _____

How would you prefer to receive reminders for your pets?

Text Message Email PetDesk App Post Card

Are you:

Active or retired military? Senior Citizen? (over the age of 65)

PLEASE READ AND INITIAL: DEA numbers are used by medical professionals such as veterinarians for the sole purpose of prescribing "controlled drugs" like narcotic pain medications. A DEA number is not legally required to be references for non-controlled substances like antibiotics and many other medications. DEA numbers will not be provided to third-party pharmacies unless medically and legally necessary. For a detailed explanation of this policy, please ask our staff members.

Financial Responsibility and Payment Terms

I, the undersigned, acknowledge receiving services and certify that I will take financial responsibility. We require **FULL** payment when services are rendered. We accept cash, checks, Mastercard, Visa, Discover, American Express, Care Credit, and ScratchPay. In the event that payment is not received and my account becomes assigned to a collection agency, I agree to pay a 20% collection fee, interest in the amount of 15%, court costs, and attorney fees, as allowed by law. A \$35 processing fee will be applied for any check that is not able to be processed by the bank.

Signature of Owner or Agent (SEAL) Date: _____

Photograph Release

I, the undersigned, give consent for the employees of NorthPaws Animal Hospital to take photographs of my pet(s) and release rights to exhibit this work in print and electronic form including social media websites such as Facebook and Instagram.

Signature of Owner or Agent Date: _____

Payment Terms

We require full payment when services are rendered. Cash and checks are always accepted. A \$35 processing fee will be applied for any check that is not able to be processed by the bank. For your convenience we also accept MasterCard, Visa, Discover, and CareCredit.

PLEASE REVIEW AND SIGN THE BACK FORM ALSO ->



Appointment & Late Arrival Policy

We kindly ask that all clients arrive and check in by their scheduled appointment time. Late arrivals, last-minute changes, and no-shows affect our ability to provide timely care to all patients. If we need to adjust your appointment due to staffing, we'll notify you as early as possible. To stay on schedule, we are implementing the following policy for avoidable scheduling issues:

If you arrive more than **5 minutes late**, the following may apply:

- You will be asked to reschedule the appointment.
- Our doctors may see your pet(s) on a work-in basis. There may be extended wait times for your pet(s) to be seen.

If you're running late, please **call us in advance** (if safely able) so we can determine if we can still accommodate your pet.

Missed Appointments & Repeated Tardiness

Tardiness (arriving over 5 minutes late), cancellations/reschedules with less than 24 hours' notice, and no-shows will be recorded. Check-in time is based on our front desk clock. After **3 or more occurrences in a calendar year**, the following steps will apply:

1. First our management team will issue the account holders a warning letter.
2. Further occurrences will incur a formal notice requiring deposits at the time of scheduling for all future appointments:
 - a. **Deposits are non-refundable** for no-shows or changes made with less than 24 hours' notice. With 24+ hours' notice, deposits may be refunded or applied to a rescheduled visit. For regular appointments, the deposit amount will be equal to the associated doctor or technician appointment fee. For surgical appointments, the deposit amount will be equal to the low end of the estimated cost.
 - b. Future late arrivals may incur a **\$30 late fee** if we are still able to accommodate your pet within the remaining appointment time. If we are unable to do so, your **deposit will be forfeited** and a new deposit will be required to reschedule.
3. **Deposit requirements may be lifted** after a probation period of consistent on-time attendance.

Note: You will not be penalized for rescheduling due to unavoidable circumstances, office closures, or delays on our end that prevent you from being seen. Thank you for your understanding and cooperation in helping us provide the best care for all pets.

Signature of Owner or Agent (SEAL)

Date: _____

Printed Owner or Agent (SEAL)

Date: _____