



473 NIAGARA ST  
BUFFALO, NY 14201  
(716) 847-1000  
NICKELCITYVETS.COM

## Nickel City Animal Hospital New Client Form

Welcome to our client and thank you for bringing your pet to us.  
We look forward to keeping your pet healthy and happy for  
many years to come.

Visit us at [www.nickelcityvets.com](http://www.nickelcityvets.com)

Form can be emailed to [nickelcityvets@gmail.com](mailto:nickelcityvets@gmail.com)

### Client Information

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Cell Additional Phone Number: \_\_\_\_\_  Home  Cell

Secondary Pet Parent: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Cell Additional Phone Number: \_\_\_\_\_  Home  Cell

How did you hear about our hospital? \_\_\_\_\_

Any human allergies?  No  Yes Please indicate below:

\_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Sex:  Male  Female Neutered/Spay:  Yes  No Date of Birth/Age: \_\_\_\_\_

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

Any medical conditions/vaccine reactions/allergies?  No  Yes Please indicate below:

\_\_\_\_\_

### Medical/Vaccine History

I have no medical history due to \_\_\_\_\_

I have provided medical history from my previous veterinarian

I authorize Nickel City Animal Hospital to obtain my pet's previous medical history from:

\_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. A health care plan will be provided to me upon my request describing treatments and cost. I also understand that these charges will be paid at the time services are rendered. A deposit is required for any hospitalized treatment. I have read and understand the treatment and financial policy and agree I am over 18 years of age

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

No typed signature will be accepted

Please fill out both sides of this form

Does your pet have pet insurance (if so, name of company): Yes No

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For safety, cats must be transported in carriers and dogs must be on non-retractable leashes.

**Late/No Show/Cancellation Policy**

We at Nickel City Animal Hospital understand that sometimes you need to cancel or reschedule your appointment. However, when you do not call-in advance to cancel your appointment, you may be preventing others pets from getting much needed treatment.

A veterinary/client relationship is built on mutual trust, respect, and understanding. As such, we strive to be on time and prepared for your scheduled appointments, and we ask that you give us a call when you are unable to keep your appointment. As a courtesy, we provide reminder notifications before your appointment.

**No-Show**

If an appointment is missed without contacting the office, a nonrefundable no-show fee will be applied to your account. Our team will contact you regarding the missed appointment and assist in rescheduling. After a second no-show, scheduling future exams will require payment of any outstanding fees and a nonrefundable deposit equal to the full exam fee.

**Cancellations**

While we understand that unforeseen circumstances may arise, we kindly ask that you provide advance notice when canceling so that we can accommodate another patient. Cancellations made within 24 hours of the scheduled appointment time are considered last-minute. Repeated last-minute cancellations will be considered a no-show and future appointments will require a nonrefundable deposit equal to the full exam fee at the time of scheduling. If you need to cancel your appointment outside of normal business hours, a message through Petdesk, or a voicemail, will be accepted as adequate notice.

**Late Arrivals**

We ask that clients arrive 5-10 minutes prior to scheduled appointment times to allow for parking and check in. A 15-minute grace period after the scheduled appointment time will be allowed for late arrival. A courtesy phone call is appreciated. Arrivals beyond this period cannot be accommodated and will be considered a no-show, requiring rescheduling. Repeated late arrivals will require a nonrefundable deposit equal to the full exam fee at the time of scheduling.

Fees are subject to change without notice.

No Show/Late Cancel Appointment	No Show/Late Cancel Technician Visit	No Show/Late Cancel Surgery	No Show/Late Cancel Rehab 1 Hour Appt	No Show/Late Cancel Rehab 30 Min Appt
\$40	\$25	\$125	\$60	\$40

**Social Media Photographs Release Form**

Please select whether you approve or decline to give us permission to use your pet’s photos as outline below:

I hereby give Nickel City Animal Hospital permission to use photographs of my pets, on Facebook, Instagram, and other social media applications. I also grant permission for Nickel City Animal Hospital to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the Nickel City Animal Hospital web-site.

Approve use Decline use

I have read and understand the late/no show/cancellation and social media photographs policies.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

No typed signature will be accepted

Please fill out both sides of this form