



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

Form can be emailed to 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

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.

Late arrival policy: We make every effort to be on time for all our appointments. Unfortunately, when one patient arrives late, it can disrupt the entire schedule for that day. In addition, rushing or "squeezing in" an appointment for a late owner shortchanges both patients and clients. A client who arrives 15 minutes or more late to their scheduled appointment will be required to reschedule.

Appointment Cancellation: In order to be respectful to the medical needs of other patients, please be courteous and call our office promptly if you are unable to make your appointment. If cancellation is necessary, we ask that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will allow other patients timely veterinary care. If it is after hours, please leave a voicemail.

Appointment no-show: In the event of a client missing an appointment without contacting the office, a NONREFUNDABLE "no-show" fee will be applied to your account according to the fee structure below. In the case of a client, who on more than one occasion, does not show up for a scheduled appointment without contacting the clinic will be required to pay all accrued "no-show" fees as well as prepayment of your next appointment fee prior to scheduling future appointments.

“No Show” fees are as follow. Fees are subject to change without notice.

Physical/Recheck/Sick Exam Appt	Rehab No Show 1 Hour Appt Fee	Rehab No Show 30 Min Appt Fee	Surgery Appt Fee
\$25	\$50	\$25	\$75

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