



Advanced PetCare

of NORTHERN NEVADA

NEW CLIENT REGISTRATION

Your Name: _____ **Spouse's Name:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip:** _____ **Home Phone:** _____

Primary Cell: _____ **Text Reminders?*** Yes ☐ No ☐ **Secondary Cell:** _____ **Text Reminders?*** Yes ☐ No ☐

Email Address: * _____

***Advanced PetCare of Northern Nevada sends wellness reminders, special offers, and quarterly news via text and e-mail. Your e-mail address will be kept private and only used for purposes of the hospital.**

How did you hear about Advanced PetCare of Northern Nevada?

Google ☐ Drove by ☐ Facebook ☐ Other ☐ _____

Client Referral ☐ Client: _____

Preferred Method of Contact: Mail ☐ Phone ☐ Text Message ☐ E-Mail ☐

Emergency Contact (other than yourself or spouse): _____ **Phone Number:** _____

NEW PATIENT INFORMATION

Pet's Name	Dog/Cat	Breed	Sex	Birthday or Age	Color	Spay/Neuter		Microchip	
						Yes	No	Yes	No
						Yes	No	Yes	No
						Yes	No	Yes	No
						Yes	No	Yes	No
						Yes	No	Yes	No

Does/Do your pet(s) currently have pet insurance? No ☐ Yes ☐ **Company:** _____

Initials: _____ I authorize Advanced PetCare of Northern Nevada to **obtain my pet's medical records** from my previous veterinary practice, veterinarian, adoption, and/or rescue organization.

Previous Vet(s): _____

THANK YOU FOR ENTRUSTING YOUR PET'S CARE TO US



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DEPOSITS Initials _____

A deposit may be collected for surgery bookings, establishing exams, drop-off procedures, etc. The deposit will be applied toward your invoice total upon completion of services. Deposits may be refunded per our cancellation policy outlined below.

TREATMENT POLICY Initials _____

I hereby authorize the doctors and staff of Advanced PetCare of Northern Nevada to examine, prescribe for, or treat my pets. I assume responsibility for all fees incurred in care of the pet(s). We will gladly provide you with a treatment plan past the veterinarian's exam; please ask prior to services being performed or medications prepared for your pet(s).

PAYMENT POLICY Initials _____

All fees and charges are due upon release of patient. A full or partial deposit may be requested in cases involving surgery, hospitalization, drop-off exams, and emergency care. We accept the following forms of payment: cash, Visa, Discover, MasterCard, CareCredit, and debit cards.

PAYMENT COLLECTION POLICY Initials _____

I understand that if I do not pay my account with Advanced PetCare of Northern Nevada in full, a reasonable effort will be made to collect the balance due up to and including collections. I understand that if my account is sent to collections, they may charge Advanced PetCare of Northern Nevada a fee up to 50% which will be my responsibility and added to my balance. I also understand and agree that in the event legal action is taken to enforce my obligations to pay for services rendered, I will pay court costs and reasonable attorney's fees.

CANCELLATION POLICY Initials _____

We have reserved a time/space for your pet. If you are unable to keep your reserved time/space, we ask that you give us appropriate notice so we can utilize this time/space for another patient.

Cancellation policies are as follows:

1. Appointments/Grooming – at least 24 hours' notice required for cancellation. After 3 "No-Show/Late Cancellations" prepayment will be required for all future appointments.
2. Surgery/Preventative Teeth Cleanings – at least 72 hours' notice required for cancellation. Deposit will **NOT** be refunded if sufficient notice is not given.

PHOTO RELEASE POLICY Initials _____

I hereby authorize Advanced PetCare of Northern Nevada to publish the photographs taken of me and/or my pet for use in printed publications and websites. I acknowledge that since my participation in publications and websites produced by Advanced PetCare of Northern Nevada is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by Advanced PetCare of Northern Nevada confers upon me no rights of ownership whatsoever. I release Advanced PetCare of Northern Nevada, their contractors, and its employees from liability for any claims by me or any third party in connection with my participation.

CONFIRMATION POLICY Initials _____

Advanced PetCare of Northern Nevada requires confirmation for all appointments. Confirmation should be received no later than 5:30 p.m. for any next day appointment scheduled prior to 12:00 p.m., and by 7:30 a.m. for any next day appointment scheduled after 12:00 p.m. If no confirmation is received the appointment will be rescheduled.

Hours: Monday-Friday 7:30am – 5:30pm Closed Saturday & Sunday

I have read and understand the payment policy and staffed hours and agree to these terms.

Signature: _____ **Printed Name:** _____ **Date:** _____

THANK YOU FOR CHOOSING ADVANCED PETCARE OF NORTHERN NEVADA

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3/29/2022