



Advanced PetCare

of NORTHERN NEVADA

NEW PATIENT INFORMATION

Pets Name: _____ Birthdate or Age _____ Sex: _____ Spayed Neutered

Breed: _____ Coat Color: _____ Microchip: Yes No

Pets Name: _____ Birthdate or Age _____ Sex: _____ Spayed Neutered

Breed: _____ Coat Color: _____ Microchip: Yes No

Has your personal information recently changed? Yes No

If it has changed what has changed?

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone Number: () - Email address: _____

Employer: _____ Phone Number: () -

Emergency Contact Name: _____ Phone Number: () -

Previous Veterinary

Name of Veterinary: _____ Phone Number: () -

Name of Veterinary: _____ Phone Number: () -

Name of Veterinary: _____ Phone Number: () -

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.

THANK YOU FOR ENTRUSTING YOUR PET'S CARE TO US



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 the 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 of 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, or emergency care. If paying by check, we must have a valid driver’s license each time from the authorized check user. Returned checks are subject to a \$25.00 fee and if not paid in a timely manner may be turned over to collections. In addition, checks are not accepted from new clients. Lastly, we gladly accept cash, Visa, Discover, MasterCard, CareCredit, and debit cards.

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.
- 3. Boarding – at least 7 days’ 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.

STAFFED HOURS DISCLOSURE Initials _____

Advanced PetCare of Northern Nevada is required by law to disclose our hours of staffed operations. Our hospital is staffed during the hours listed below and does not provide any after hours or overnight care.

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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