

North Airline Animal Hospital Client Registration

Primary Contact Name _____

MAILING Address _____ APT # _____

City _____ State _____ Zip _____

PRIMARY Contact Phone # _____ is this a Mobile number? _____

Email Address _____

**This is for access to your personal Pet Desk app, notifications, & pet reminders.*

Place of Employment _____ Work Phone # _____

Are you currently **active duty** Military, Firefighter, or Police? _____

Date of Birth ____/____/____ Driver's License Number _____

Social Security Number ____-____-____ **This is required for Care Credit, Wellness Plans, & Easy-Pay Emergency Services*

Additional Contact Name _____ Spouse ___ or Other ___

Mobile Phone # _____ Work Phone # _____

In the event of an emergency & you can't be reached, we ask for a contact person other than persons(s) listed above.

EMERGENCY Contact Name: _____ Mobile Phone # _____

Thank you for choosing North Airline Animal Hospital (NAAH) for your pets' medical care and boarding needs. We look forward to giving you and your pet the best care we can offer. For your payment convenience we accept Visa, Master Card, American Express, Discover, Cash & Care Credit. A 3.5% credit/debit card customer service fee will be applied to every credit/debit card transaction.

Please note we **do not accept checks on new NAAH accounts established for less than one year.*

By signing below I understand that North Airline Animal Hospital is not a financial institution and does not extend credit of any nature. I also understand that all services are to be paid at the time they are rendered. I further understand an estimate can be provided to me at any time that I request one.

Signature _____ Date _____

Pet Information

Pet Name _____

Dog or Cat _____

Breed _____

Color _____

Date of Birth ____/____/____ **or Age** _____

Sex _____ **Circle one:** Spayed / Neutered

Pet Insurance Company: _____

Pet Name _____

Dog or Cat _____

Breed _____

Color _____

Date of Birth ____/____/____ **or Age** _____

Sex _____ **Circle one:** Spayed / Neutered

Pet Insurance Company: _____

MEDIA RELEASE

I _____ hereby certify I am the owner (person responsible) for the pet(s) _____. I hereby grant consent to North Airline Animal Hospital, its successors, and assigns those acting under permission to reproduce, publish, calculate, and otherwise use my pets' names, photography, videography, still, or moving images in whole or in part, or composite. I waive any right to inspect and approve the finished product or copy that may be used. This authorization and release covers the use of said materials in any published, broadcast, or electronic form, and in any medium of advertising, publicity or trade in any part of the world in perpetuity. I understand that the pictures or video footage of my pets' may be posted/displayed, viewed by group meetings, and printed in educational materials. I further understand these pictures or video may be used in other media outlets such as social media, newsprint, & magazines.

Furthermore I for myself, my heirs, executors, administrators, or assigns WAIVE, RELEASE, AND DISCHARGE all my rights, title, and interest in and to all THE FOLLOWING ENTITIES OR PERSONS: North Airline Animal Hospital and/or their doctors, officers, employees, volunteers or representatives, and agents. This agreement represents in full all terms and considerations, and no other inducements, statements, or promises have been made to me.

Signature _____ Date _____

North Airline Animal Hospital

2022

SURGERY/APPOINTMENT/BOARDING DEPOSIT, CANCELLATION, & NO SHOW POLICY

Thank you for trusting your pets' medical & boarding care to North Airline Animal Hospital. When you schedule an appointment, surgery, or reservation with North Airline Animal Hospital we set aside enough time to provide your pet(s) with the highest quality medical & personal care. Should you need to cancel or rescheduled an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment & 48 hours prior to your scheduled surgery or boarding reservation. This gives us time to schedule other patients who may be waiting for an appointment, surgery, or reservation. Please see our Cancellation/No Show Policy below:

Appointments

1. Any established client who fails to show, cancel, or reschedule an appointment and has not contacted our office within the allotted 24 hours' notice period, will be considered a "No Show".
2. Any established client who has "No showed" three or more times will be required to put down a deposit of \$52.50, non-refundable, to book future appointment time.
 - (a) The deposit must be paid in person in advance of the booked appointment or,
 - (b) The deposits may be paid, via credit/debit card, over the phone at the time the appointment is booked which will additionally have the 3.5% transaction fee added to it.
 - (c) The deposit will go towards services rendered should the appointment be kept and not a "No Show"

Initials _____

Surgery

1. Any new or established client who fails to show, cancel, or reschedule a surgery and has not contacted our office within the allotted 48 hour notice period, will be considered a "No Show".
2. Any client, new or established, will be required to leave a minimum of \$100 deposit to book a surgery.
 - (a) The deposit will go towards services rendered should the surgery be kept and not a "No Show"
 - (b) The amount of the deposit depends on the type surgical procedure being performed and is subject to change at any time by the Doctors or Office Manager.
 - (c) The deposit must be paid in person in advance of the booked surgery or,
 - (d) The deposits may be paid, via credit/debit card, over the phone at the time the surgery is booked which will additionally have the 3.5% transaction fee added to it.

Initials _____

Boarding

1. Any new or established client who fails to show, cancel, or reschedule a boarding reservation and has not contacted our office within the allotted 48 hour notice period, will be considered a "No Show".
2. Any client, new or established, will be required to leave a \$50.00 deposit to book a boarding reservation.
 - (a) The deposit will go towards boarding services rendered should the reservations be kept and not a "No Show"
 - (b) The deposit must be paid in person in advance of the booked reservation or,
 - (c) The deposits may be paid, via credit/debit card, over the phone at the time the surgery is booked which will additionally have the 3.5% transaction fee added to it.

Initials _____

As a courtesy, we have The Pet Desk App which we recommend you to download as it is our automated reminder system that will send you confirmation notifications 48hrs in advance, and when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able waive your "No Show".

I have read and understand the SURGERY/APPOINTMENT/BOARDING DEPOSIT, CANCELLATION, & NO SHOW policy and agree to its terms.

Signature

Printed Name

Date