



1502 N Emerson Ave  
Indianapolis, IN 46219  
317.375.1737  
[www.indypawsvet.com](http://www.indypawsvet.com)

**New/Updated Client Information Form**

**Primary Owner's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Driver's License:** \_\_\_\_\_

**Secondary Owner's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

How did you hear about us? (Referred? Give us a name!) \_\_\_\_\_

**Pet 1 Name:** \_\_\_\_\_ **Approximate Age/Birthday:** \_\_\_\_\_

**Species:** Canine (Dog) or Feline (Cat) **Breed:** \_\_\_\_\_

**Circle One:** Male or Female **Spayed or Neutered?** YES or NO

**Color/Description/Markings:** \_\_\_\_\_

**Important Medical History/Prior Veterinarian:** \_\_\_\_\_

**Pet 2 Name:** \_\_\_\_\_ **Age/Birthday:** \_\_\_\_\_

**Species:** Canine (Dog) or Feline (Cat) **Breed:** \_\_\_\_\_

**Circle One:** Male or Female **Spayed or Neutered?** YES or NO

**Color/Description/Markings** \_\_\_\_\_

**Important Medical History/Prior Veterinarian:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Payment Policy**

Payment is due in full at the time services are rendered. For your convenience, we accept all major credit cards, cash, CareCredit, and Scratchpay.

Failure to pay for any services rendered by Indy Paws Veterinary Hospital will result in client responsibility of any attorney fees or court costs incurred by the hospital.

*By signing below, I understand the payment policy set in place by Indy Paws Veterinary Hospital*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Missed Appointment/Late Cancellation Policy**

Missed appointments represent a loss to us, to you, and to other patients who could have been seen in the time set aside for you. In order to best serve you and prevent appointment delays, cancellations or rescheduling must be made at least 24 hours before the scheduled appointment.

If you are late for your appointment, we will do our best to accommodate your needs so long as it does not interfere with other client's/patient's scheduled appointments. We do reserve the right to reschedule a client if he or she is running late.

Our same day missed appointment/cancellation and late policy is as follows:

1<sup>st</sup> occurrence – notification and reminder of the policy.

2<sup>nd</sup> occurrence - \$30 appointment deposit.

For surgical cancellations, a deposit, up to the low end of the estimated cost, will be required for future scheduling.

*By signing below, I understand the above stated missed appointment/late and cancellation policy.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Social Media Release**

At Indy Paws Veterinary Hospital we love our patients and clients, and enjoy sharing pictures and stories of your amazing pets!

By signing below, you authorize Indy Paws Veterinary Hospital and its representatives to share and post pictures of your pet(s) to Indy Paws Veterinary Hospital's social media including, but not limited to, Facebook, Twitter, Instagram, for display, public relations, and marketing.

*I acknowledge receipt of adequate consideration and waive the right to charge for use of my pictures and my name, or to inspect or approve the images prior to any form of usage. I understand the images may be modified to be used as design elements.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date