



1502 N Emerson Ave  
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## New/Updated Client Information Sheet

### *Client Information*

Primary Name/Owner: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Driver's License or SSN: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Secondary Name/Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Would you like to receive text messages from our practice? YES or NO  
 Preferred method of contact? \_\_\_\_\_  
 How did you hear about us? (Client referral? Please give us a name!): \_\_\_\_\_

### *Pet Information*

	Pet 1	Pet 2	Pet 3
<b>Name</b>			
<b>Species &amp; breed</b>			
<b>Breed &amp; Color/Markings</b>			
<b>Birthday/Age</b>			
<b>Gender (Neutered/Spayed)</b>			
<b>Previous Veterinarian</b>			
<b>Date &amp; Kind of last vaccinations</b>			
<b>Current Medications</b>			
<b>Relevant history (allergies, serious injuries)?</b>			

\*Please provide medical history for any serious illness or surgery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Policies and Release**

### **Payment Policy**

**Initial Here: \_\_\_\_\_**

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.

### **Missed Appointment/Late Cancellations**

**Initial Here: \_\_\_\_\_**

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 unable to utilize the above guidelines, you will be reminded of the policy and a \$30 appointment deposit will be required for future scheduling. For surgical cancellations, a full deposit will be required for future scheduling.

### **Social Media Release**

**Initial Here: \_\_\_\_\_**

At Indy Paws Veterinary Hospital 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.*