



NEW CLIENT INFORMATION FORM

CLIENT INFORMATION

Client Name

Last: _____

First: _____

Middle: _____

Phone Numbers

Home Phone: _____

Cell Phone: _____

Email : _____

Address

Street:

City: _____

State: _____

ZIP Code: _____

ANIMAL INFORMATION

Pet #1

Name: _____

Breed: _____

Color: _____

Sex: Male Female Neutered

Spayed

DOB: _____

Pet #2

Name: _____

Breed: _____

Color: _____

Sex: Male Female Neutered

Spayed

DOB: _____

PAYMENT, DEPOSIT & CANCELLATION POLICY

Due to costs, we have established the following policy: **For new clients, cash or credit card payment is required at the time services are rendered.**

- No-show appointment fee for an exam: **\$60**
- No-show fee for anesthetic procedures: **\$110**
- One (1) business day advance notice is required for cancellation
 - New or inactive clients are required to pay a **\$75 New Client Deposit** to secure an appointment
 - Please call **(805) 922-0305** to schedule your appointment

A **non-refundable deposit** is required at the time of booking for all new clients. The deposit will be applied toward your exam fee at the time of your appointment.

REFUNDS & CREDITS

- Refunds are issued only if canceled at least **one (1) business day in advance**
 - Appointments canceled with less than one (1) business day notice or no-shows are **not refundable**

Same-day cancellations:

- Deposit is not refunded
- Deposit may be used as a future credit **only if you call the hospital the same day**
- Failure to call same day results in forfeiture of the deposit with no credit

Credits:

- No cash value
- Non-transferable
- Must be used by the original client

CALIFORNIA DISCLOSURE

You agree that the deposit represents a reasonable estimate of damages due to late cancellations or no-shows, including lost appointment availability and staffing costs, and is not a penalty (California Civil Code §1671).

ACKNOWLEDGMENT & SIGNATURE

I acknowledge and agree to the New Client Deposit & Cancellation Policy, including that my deposit is non-refundable, may only be refunded with at least one (1) business day notice, and may only be used as a future credit if I cancel by phone on the same day.

Booking cannot proceed unless this form is signed.

Client Signature :

Date: _____

By signing, you understand our policies and take full responsibility for all charges that occur during treatment. By completing this booking, you authorize **All Valley Pet Hospital** to charge the required deposit and agree to the Deposit & Cancellation Policy.