



New Client Information Sheet

Client Information

Client Name:

Address:

Phone Number: (Mobile ____ or Home ____)

Email:

Spouse/Partner:

Cell Phone:

How did you hear about our clinic?

- Google
- Yelp
- Friend Referral:

(If the friend referral is an existing client and you are a new client to Crossroads, you will both receive \$25.00 towards your next visit.)

Pet(s) Information:

Pet Name:

Breed:

Date of Birth:

Color:

Sex: _Male _Female _MNeutered _FSpayed

Add additional Pets and their information below:

Previous Clinic Information

Previous Veterinary Clinic:

Phone Number:

Email:

As the owner, or authorized agent, of the above-named pet, I hereby consent to and authorize the hospital to receive, prescribe, treat, or operate on this pet. I give Crossroads Veterinary Clinic permission to obtain my pet's medical history from other animal hospitals and to also give my pet's medical history to other veterinary professionals when necessary. I understand that all fees are due and payable upon the release of the patient. A deposit will be required if the patient must be admitted for treatment. I also understand that payment can be made with Cash, Credit/Debit Cards, Care Credit, or Scratch Pay.

Owner/Authorized Signature:

Date:

When finished, please email the completed form to frontdesk.mvpcvc@gmail.com before your appointment.

Appointment Policy:

Due to the significantly increased demand for veterinary services, Crossroads has seen a dramatic increase in clients and patients. We often have a waiting list of patients needing veterinary care, and if you do not show up for your appointment, this prevents us from providing much-needed care for another patient. We ask that when we call or text, you confirm your pet's upcoming appointment and **that you respond** to confirm that you are planning on the previously arranged time for your pet to be seen at Crossroads.

Confirmation Process:

- When you call and schedule an appointment with us, you will receive an email or text within 2 hours confirming the time and date of your pet's appointment. This is to allow you to add it to your calendar, if not already done so.
- Our office will then contact you both **7** and **3** days prior to the appointment, via text or email, **asking you to confirm with us**. Confirmations can be made via text, email, or phone.
- If the appointment is **not** confirmed, we will send one last reminder the morning before your appointment. If the appointment remains unconfirmed or is not canceled prior to 3 pm the day prior, we will mark the appointment as "*Unconfirmed,*" and the allotted time will be given to the next person on our waiting list.
- We will then send a letter reminding you of the unconfirmed/missed appointment and informing you that we will require a deposit of \$80 when scheduling your pet's next appointment. This deposit will go towards the cost of services and/or medications on that upcoming visit. If a client incurs 2 or more missed appointments, the deposit will be forfeited.

Thank you for allowing us to take care of your pet (s)

Crossroads Veterinary Clinic

15275 M 60

Three Rivers MI 49093

(269) 278-1345

To apply for CareCredit or Scratch Pay, please click the links below to be taken to their application process. If approved, print off the approval, card information, and bring it to your appointment.

<https://www.carecredit.com/apply/>

<https://scratchpay.com/>