



Advanced PetCare

of NORTHERN NEVADA

NEW CLIENT INFORMATION

Your Name: _____ Spouse's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Number: _____ Cell Phone: _____

Employer: _____ Phone Number: _____

Would you like to receive text message alerts regarding your pet? Yes No

E-Mail Address*: _____

*Advanced PetCare of Northern Nevada sends wellness reminders, special offers, and quarterly news via e-mail. Your e-mail address will be kept private and only used for purposes of the hospital.

Preferred Method of Contact: Mail Phone Text Message E-Mail

Emergency Contact Name (other than yourself): _____ Phone Number: _____

How did you hear about Advanced PetCare of Northern Nevada?

NEW PATIENT INFORMATION

Pet's Name	Dog/Cat	Breed	Sex	Birthday or Age	Color	Spay/Neuter		Microchip	
						Yes	No	Yes	No

Initials: _____ I authorize Advanced PetCare of Northern Nevada to obtain my pet's medical records from my previous veterinary practice, veterinarian, adoption, and/or rescue organization.

Previous Vet(s): _____

THANK YOU FOR ENTRUSTING YOUR PET'S CARE TO US



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TREATMENT POLICY

I hereby authorize the doctors and staff of Advanced PetCare of Northern Nevada to examine, prescribe for, or treat my pets. I assume the responsibility for all fees incurred in care of the pet(s). We will gladly provide you with a treatment plan past the veterinarian's exam; please ask prior to services being performed or medications prepared of your pet(s).

PAYMENT POLICY

All fees and charges due upon release of patient. A full or partial deposit may be requested in cases involving surgery, hospitalization, or emergency care. If paying by check, we must have a valid driver's license each time from the authorized check user. Returned checks are subject to a \$25.00 fee and if not paid in a timely manner may be turned over to collections. In addition, checks are not accepted from new clients if over the amount of \$150.00. Lastly, we gladly accept cash, Visa, Discover, MasterCard, CareCredit, PaymentBanc, and ATM debit cards.

PHOTO RELEASE POLICY

I hereby authorize Advanced PetCare of Northern Nevada to publish the photographs taken of me and/or my pet for use in printed publications and websites. I acknowledge that since my participation in publications and websites produced by Advanced PetCare of Northern Nevada is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by Advanced PetCare of Northern Nevada confers upon me no rights of ownership whatsoever. I release Advanced PetCare of Northern Nevada, their contractors, and its employees from liability for any claims by me or any third party in connection with my participation.

STAFFED HOURS DISCLOSURE

Advanced PetCare of Northern Nevada is required by law to disclose our hours of staffed operations. Our hospital is staffed during the hours listed below and does not provide any after hours or overnight care.

Hours

Monday-Friday 7:30am – 6:00pm

Saturday 9:00am – 6:00pm

Closed Sunday's

I have read and understand the payment policy and staffed hours and agree to these terms.

Signature: _____

Printed Name: _____

Date: _____

THANK YOU FOR CHOOSING ADVANCED PETCARE OF NORTHERN NEVADA

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