



WELCOME TO KIMBERLING ANIMAL HOSPITAL!

kimberlingvet.com • 417-739-4090
5 Fisher Creek Dr. Kimberling City, MO 65686

CLIENT INFORMATION

First Name: _____ Last Name: _____

Second Owner First Name: _____ Second Owner Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: (used for reminders and updates) _____

Primary Phone: _____ - _____ Secondary Phone: _____ - _____

Please indicate how you would prefer your pet's health alerts delivered to you:

Phone E-mail Text

How did you hear about us? _____ Referred by? _____

Does your pet have insurance? Yes No Insurance company: _____

PET INFORMATION

Name: _____ Approximate Age: _____ Microchipped? Yes No

Please mark: Feline Canine Male Female

Spayed or Neutered? Yes No Breed: _____ Color: _____

Current Medications/Preventives/Supplements: _____

ADDITIONAL PET INFORMATION

Name: _____ Approximate Age: _____ Microchipped? Yes No

Please mark: Feline Canine Male Female

Spayed or Neutered? Yes No Breed: _____ Color: _____

Current Medications/Preventives/Supplements: _____

Payment is due at the time of service. We accept cash, MasterCard, Visa, Discover, American Express, CareCredit and ScratchPay. We do not offer payment plans. A written estimate of charges can be provided prior to any services performed.

To prevent the spread of infectious disease, all hospitalized patients must be current on all vaccines and free from internal parasites.

By signing below, I confirm that I am the owner/authorized agent for the pet (s) listed on this form. I understand that I am financially responsible for any services/products provided and payment in full is due at the time services are rendered.

Signature

Date



CANCELLED APPOINTMENTS

As you may know, there is a high demand for veterinary care because of the many new pets adopted during the pandemic. That's why we ask for at least 24 hours' notice for canceled appointments. If we know there is an opening, we can offer that slot and provide needed veterinary care to another patient on our long waiting list.

Please keep in mind that our amazing staff, in a world of labor shortages, continues to work long shifts to care for sick pets with compassion and professionalism. We couldn't do this work without them, and it is critical that we don't lose revenue because of missed appointments because it will impact our ability to compensate them.

DEPOSITS

- There is a deposit requirement for new client exam fees.
- If a client cancels 24 hours or more before the appointment time, the deposit can be refunded to the client's card.
- If a client reschedules 24 hours or more before the appointment time, the deposit will remain on their account with no penalty and will be applied at checkout on the date of the rescheduled appointment.
- If a client does not cancel or reschedule 24 hours or more before the appointment time and does not show up for it, the deposit will be forfeited.

NOTE: These deposit requirements also apply to clients who have more than one no-show, no phone call cancellation for appointments, including technician appointments.

Signature: _____

Printed Name: _____

Date: _____