



Skye Ridge Veterinary Hospital
954 Seven Hills Connector
Acworth, Georgia, 30101
Ph: 770-341-7593
Email: skyeridgevh@gmail.com

WELCOME FORM

CLIENT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

I CONSENT TO SRVH TO SEND TEXT MESSAGES REGARDING PETS:

YES: _____ NO: _____

I CONSENT TO ALLOWING MY PET'S IMAGE TO BE ON OUR SOCIAL MEDIA PAGE:

YES: _____ NO: _____

PET INFORMATION:

NAME: _____

BREED: _____ COLOR: _____

BIRTHDATE: _____ GENDER: _____ SPAYED OR NEUTERED? _____

TEMPERAMENT: _____ KNOWN ALLERGIES: _____

How will you be paying for this visit? Cash _____ Check _____ Card _____

- Cancellations and rescheduling of appointments must be done 24 hours in advance. Any cancellations or schedule changes less than 24 hours from the originally scheduled time will result in a cancellation fee (equal to the exam) being applied to your account and a deposit requirement (equal to the exam fee) for all future appointments prior to scheduling.
- If a client does not cancel or reschedule their appointment 24 hours or more prior to the scheduled time and does not show up for appointment, a cancellation fee will be applied to the account and a deposit will be required for future appointments, the deposit amount will be the price of an exam fee.
- ****NOTE:** These deposit requirements also apply to clients (**PER PET**) who have more than one no-show, no phone call, or late cancellation for appointments (less than 24 hour notice), including technician appointments.

- If multiple appointments were booked, the cancellation fee will be applied to each pet scheduled.

If you have records from a previous clinic, please let us know which clinic so we can contact them to get your records for you. Or if you have records, please email them to info@skyeridgevet.com

Client Agreement*

I verify 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 and DATE: _____