Evergreen Veterinary Hospital 3962 Center St. NE Suite A Salem, OR 97301

Owner (Last Name) (First Name)

Partner/Spouse (Last Name) (First Name)

Address: City: County: Zip Code:

Phone: Cell:

E-Mail:

How did you hear about us (circle one): Friend / Facebook/Internet/ Other

Name of Friend: Name of previous veterinary hospital:

Reason for leaving previous veterinary hospital:

(Circle) Cat Dog

Name: Breed: Color:

Age: Sex: Male/Female Neutered/Spayed

Health Concern History:

We have more patients who need veterinary care than we have room in our daily schedule to provide. When a client does not show up for their appointment or cancels the same day as their appointment, we are unable to fill this appointment time with another patient who may desperately need medical care. This policy is our attempt to ensure that both you and our other clients pets receive the veterinary care they need.

• **Broken appointments** are any time you are scheduled for an appointment and you do not show for that appointment.

• **Late cancelations** are considered broken appointments. If you need to cancel your appointment, we ask that you please call us at least 24 hours before your appointment time.

• **Late arrivals** are also considered broken appointments. If you do not arrive by 5 minutes after the start time of your appointment, we won't have enough allotted time, as that would be 20 min late from check in time.

Broken Appointment Fees are based on allotted blocked out appointment time. ANY accrued broken appointment fees will be paid at time of rescheduling appointment

(NEW CLIENTS: New Clients that no call/no show will not be rescheduled)

Print:_____Signature: _____ Date:_____