New Client Form and Financial Policies

Please note that required fields are marked with a red asterisk

Client Full Name*

Email*

Mobile Phone*

Secondary Phone

Full Address (include town/city, state, and zip code)*

Secondary Contact Name

Secondary Contact Phone Number

Client Driver's License Number and State - to verify client's identity. This is for office use only and will be kept confidential.*

Client's Date of Birth - to verify client is of legal age to sign this contract. This is for office use only and will be kept confidential.*

Primary Veterinarian and Primary Clinic

Primary Veterinarian Clinic Address and Phone

Referred by (if not by Primary Veterinarian Above):

Pet Name*

Pet Sex*

Spayed or Neutered ?*

- [ ] No
- [ ] Yes

Pet Age

Pet Species*

Pet Breed

Pet Color

Microchipped ?

- [ ] No
- [ ] Yes

If Yes, please enter Microchip Number:

Authorization for Treatment*

I hereby authorize Clarity Veterinary Specialists to perform diagnostics, therapeutics, and/or surgical procedures as deemed necessary for my pet. I understand that no guarantee of successful treatment is made.

☐ No ☐ Yes

Pharmacy Acknowledgment*

"I understand the veterinary client's right to receive a written prescription for the medication that can be filled by the pharmacy of my choice or my veterinarian, as provided in s. 474.224, Florida Statutes."

☐ No ☐ Yes

Liability Release*

I acknowledge that veterinary care involves inherent risks. I agree to hold Clarity Veterinary Specialists and its staff harmless from any liability arising from treatment, except in the cases of gross negligence.

☐ No ☐ Yes

Financial Policy*

Our primary goal is to deliver quality and compassionate veterinary care for your pet(s). We also want to make the cost of optimal care as easy and manageable as possible for our clients by offering several payment options.

We will gladly prepare a formal treatment plan estimate if you desire.

For drop-off treatments, surgeries, or hospitalized care, a 75% deposit is required. We require payment in full at the end of your pet's evaluation and/or at the time of discharge.

☐ Check box to acknowledge

Payment Options*

Payment options are Cash, Check, ACH, VISA, MasterCard, American Express, and Discover. Convenient financing options are available from Scratch Pay and WithCherry.

Please note:

- $25 Fee for returned checks

- A billing charge of 3% per month applies to all delinquent hospital accounts after the first thirty (30) days.

- All overdue balances are subject to submission to a collection agency

- For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. Full payment is due at the time services are rendered.

☐ Check box to acknowledge

Photo Release*

Clarity Veterinary Specialists may photograph or record images of patients (pets) for medical, educational, and marketing purposes, including use on our website, social media platforms, and promotional materials. No compensation is provided for these uses. No personally identifying client information will be shared without additional consent. All images will be used in a respectful and professional manner. You may revoke photo release consent at any time in writing.

☐ Check box to acknowledge

Privacy Policy*

We do not sell any of your information to third parties. We do however use third party vendors for services that benefit our patients and clients. These services include, but are not limited to, appointment scheduling, medical reminders, and pet medical care information. You can opt out and unsubscribe to any of these e-mails and/or text messages.

Your privacy is important to us. Please visit clarityvetspecialist.com and click on the Privacy Policy link for more information. We can print a copy of you upon request.

☐ Check box to acknowledge

Client Signature*

Client Typed Name*

Date*