

Client Information

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

New Patient Information

Patient Name: _____ Birthdate/ age _____

Species (canine, feline, other) _____ Breed: _____

Color: _____ Sex: _____ Altered (please circle) Spayed or neutered

Microchipped (please circle): YES or NO Number: _____

Current Medications: _____

Diet (please include Brand and amount fed per day): _____

Previous Medical Conditions: _____

Last veterinarian or hospital to treat patient: _____

*Are we allowed to contact them for records? (Please circle): YES or NO

Disclosures and Financial Agreement

*For your pet’s protection, we require all vaccinations or titers are current before hospitalization or surgery. If vaccines are not current your pet must receive them before staying in our facility, including but not limited to Rabies.

*Owners who abandon their pets will be prosecuted.

*Case information and/or photos may be used in teaching, continuing education, veterinary literature, and hospital promotions. Patient confidentiality will be maintained.

I do/do not (Circle One) authorize release of patient information for these purposes (Initial)_____

*I understand that payment is due at the time of service rendered. I also understand that if any balance remains unpaid and is sent to an outside agency for collection, I will be responsible in addition to the outstanding balance, for cost of collections, attorney’s fees, and interest at 18% per annum (15% per month) on the unpaid balance.

Owner Signature: _____ DATE: _____