

Client and Pet Registration



Authorized Owner(s): _____
Primary Owner

and/or _____
Second Owner

Address _____

City _____ State _____ Zip Code _____

Contact Numbers for the Primary Owner

Contact Numbers for Second Owner

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

How did you hear about us?

- Referred by _____ (Please don't be shy, we want to say thank you!)
- Hospital Sign or Location
- Website or Search Engine (such as Google, Yahoo, Dogpile, etc.)
- Phone book or Yellow pages
- Used services previously

Primary Email Address

We frequently use email to send reminders or to communicate test results. You will also receive an introductory email to sign up for your own free Pet Portal, which is a private pet health website to:

- Manage your pet's health care
- View medication schedules
- Communicate with us online (request prescription refills, make appointments, schedule boarding, and more!)
- Learn more about your pet's individual health and life-stage issues

Email Address: _____

Payment

Payments are always required at the time of service. We accept cash, check, debit card, Visa, MasterCard, and Care Credit. We will be happy to present you with an estimate if you wish. All returned checks will be charged a returned check fee of \$31.50. A service charge of 1.67% (20% annual fee) or a \$5 minimum fee will be applied monthly to all overdue accounts. If the account is sent to collections a 33% collection fee will be applied to the balance. All rates are subject to change. Please indicate how you will be paying today:

- Cash
- Debit card or Visa/MasterCard
- Check
- Care Credit

Confidentiality

We strive to protect your personal and financial information. Our computer systems are password protected and we limit access to your information to necessary personnel. We will not release any information to a third party except for collection purposes or to help return your lost pet. We also generally consider your pet's medical information confidential; however, we will release, upon request, vaccination information to public authorities, humane societies, boarding kennels, grooming facilities and other veterinarians.

_____(Initial if satisfactory)

Informed Consent

Your pet’s veterinarian will need to communicate with you, or someone designated by you, prior to treatment of your pet in order to obtain informed consent for all services. For purposes of obtaining informed consent, you direct the veterinarian as follows:

Please choose and initial only one option.

In non-emergency situations, you give the veterinarian permission to obtain informed consent from:

- ___ 1. Informed consent may only be provided by you, the primary owner.
- ___ 2. Informed consent may be provided by you and/or the second owner listed above.
- ___ 3. Informed consent may be provided by you and/or the second owner, or also be provided by the agents listed below, in the order listed.

***If you selected option 3 above, please list the name, address and telephone numbers for them on the lines below in the order you wish for us to contact them in case you or the second owner, if any, is unavailable. Please note, all authorized agents must be over the age of 18.*

Emergency Instructions

If in the case of an emergency in which we cannot reach you or the co-owner, is there anyone else you would like us to contact for consent? If not we will attempt to stabilize your pet, but we may be unable to provide optimal care if we cannot reach anyone who can authorize further treatment.. There may be charges incurred in stabilization while waiting for consent, and you are responsible for these charges. Please list here any other agents who can authorize treatment in case of an emergency and you or the co-owner are unavailable. *Please note, all authorized agents must be over the age of 18.*

Agreement

I understand that with any medical procedure, there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges related to treatment and I agree to honor the payment policies listed previously. I attest that I am over 18 years of age and am the owner, or a legal agent of the owner, of the animal(s) listed on the next page(s).

OWNER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

WITNESS SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

Office Use Only: Yearly verification of all data (Owner name, address, contact numbers, email, active patients)					
Date: _____	By: _____	Date: _____	By: _____	Date: _____	By: _____
Date: _____	By: _____	Date: _____	By: _____	Date: _____	By: _____

Patient History for: _____
Owner(s) Name

Pet's (Please list all pets in the household)

Pet 1

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Pet 2

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Pet 3

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Pet 4

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Patient History for: _____ **Pet's (Please list all pets in the household)**

Pet 5

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Pet 6

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Pet 7

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?

Pet 8

Pet Name _____

Sex (please circle): Male Female Unknown

Spayed or neutered? (please circle): Yes No

Patient Birthdate _____

Patient Breed _____

Patient Color _____

Previous Veterinarian _____

May we contact for records? (please circle): Yes No

Does this pet have allergies to vaccinations or medications?

Has this pet had a previous serious illness or surgeries?

Is your pet on medication(s) or a special diet?
