



Client Information Sheet

Reason for Visit: _____

Returning clients: If all info is the same, mark here and fill out the highlighted areas only.

Owner Information (HUMAN)

Name: _____ Co-Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary #: (_____) _____ - _____ Secondary #: (_____) _____ - _____

E-mail Address: _____

Driver's License Number (for billing & medication purposes): _____ State: _____

Owner Date of Birth: _____

Are you active duty or retired military? Yes No Do you have a valid military ID card? Yes No

If you are NOT the pet's owner, please provide your name and address:

In the event of a medical emergency (cardiac arrest) I would like my pet to be:

CPR (cardiac pulmonary resuscitation) or **DNR** (do not resuscitate)

Patient Information (ANIMAL)

Pet Name: _____ Age/DOB: _____

*Sex: MALE / FEMALE

*Spayed/Neutered: YES / NO

Species: Dog Cat Bird Rabbit Reptile Other: _____

Color: _____ Breed: _____

PROFESSIONAL FEE POLICY The fee for a regular appointment is \$48, or a walk-in examination is \$85-125. A treatment plan with associated costs will be provided to you after the initial examination. Additional fees will apply when treatment, medication, diagnostic testing, and/or hospitalization is necessary and authorized by you.

I HEREBY AUTHORIZE the veterinarian on duty and designated members of the health care team to treatment as is considered necessary. On an emergency basis, I authorize treatment as per the CPR/DNR status, and understand I am responsible for the costs involved with said treatment. I consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency nature. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I consent to the release of medical information and records to other veterinarians, any specialist who may be consulted, and insurance representatives.

DISCHARGE OF PETS All pets must be picked up at scheduled discharge time or additional charges may be incurred.

I ACCEPT FINANCIAL RESPONSIBILITY FOR THESE SERVICES I understand that all fees at the time services are rendered. I further agree to pay for all collection costs that may be incurred to enforce collection of any amounts outstanding. I understand that 10% will be charged on any outstanding balance beyond 30 days.

I give my consent for photos to be used on social media and/or for advertising purposes. I **decline** my photos to be used on social media/advertising

Owner Signature _____

Today's Date _____

*** PLEASE BE AWARE OF A \$25 CANCELLATION FEE FOR NO-SHOWS OR APPTS CANCELLED WITH LESS THAN 24HRS NOTICE ***