

New Client & Patient Information

CLIENT INFORMATION

Owner Name: _____ Secondary Owner: _____

Home Phone: _____ Cell: _____ Work: _____

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

Email: _____

Driver's License # and Issuing State: _____ Expiration Date: _____

Have you been to our clinic before? _____ Yes _____ No If yes, when? _____

PATIENT INFORMATION

Pet Name: _____ Gender: _____ Spayed/Neutered _____ Yes _____
No

Breed: _____ Color: _____ DOB/Age: _____

I, the undersigned owner or agent of the owner, certify that I am _____ I am not _____ 18 years of age or older, and do hereby authorize Animal Health Center veterinarians and technicians to examine my pet and administer treatment as is considered necessary for my pet's condition.

A treatment plan with care options will be discussed with me prior to any diagnostic treatments. In life-threatening situations, stabilizing care may be instituted immediately upon arrival.

I have received and read Animal Health Center's financial policy. I understand the terms of the financial policy and I acknowledge that payment is due in full at the time of service. _____ (Please initial)

I hereby release Animal Health Center of all liability in the event of an injury, bite, fall, or any other circumstance while I/my family members am/are visiting the hospital. I understand Animal Health Center may refuse services for any reason.

Signature: _____ Date: _____

