



Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a moment to fill out this form.



Client Information

Full Name					
Address					
City		State		ZIP	
Primary # <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> OK to text?			Secondary # <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> OK to text?		
Email			<input type="checkbox"/> I do not wish to receive email reminders for vaccines.		
Significant Other			Phone #		
Emergency Contact			Phone #		
Additional Contact			Phone #		
Employer			Phone #		
How did you learn about us?					
<input type="checkbox"/> Community Event <input type="checkbox"/> Facebook <input type="checkbox"/> Flyer/Coupon <input type="checkbox"/> Internet Search <input type="checkbox"/> Road Sign <input type="checkbox"/> Website					
<input type="checkbox"/> Referred by:					
No. of household pets	Cats _____	Dogs _____	Other (specify): _____		

Pet Information

Name		<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other (specify)	
Breed		Color		Age (D.o.B. if known)	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed	<input type="checkbox"/> Undetermined
Where did you get your pet?					
<input type="checkbox"/> Breeder <input type="checkbox"/> Family/Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Rescue/Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Other:					
Has your pet received any medical treatment prior to today?					
<input type="checkbox"/> Yes; copy of history provided <input type="checkbox"/> Yes; no copy of history provided <input type="checkbox"/> No <input type="checkbox"/> Unknown history					
Does your pet have a history of vaccine reactions?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown history If yes, which vaccine(s)?					
Are there any health or temperament concerns of which we should be aware?					
<input type="checkbox"/> Allergies	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Cage/Room Aggression	<input type="checkbox"/> Chewer/Shredder	<input type="checkbox"/> Dental	
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Dog Aggression	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Fatigue	
<input type="checkbox"/> Food Aggression	<input type="checkbox"/> Gagging	<input type="checkbox"/> Item Possessive	<input type="checkbox"/> Mobility Difficulties	<input type="checkbox"/> Neurologic	
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Seizures	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Skin		
<input type="checkbox"/> Other (specify):					

Authorization

Pictures/Video: Pets and Vets as Partners would like to use, reproduce, and/or publish photographs and/or video that may pertain to your pet including their image, likeness and/or voice without compensation. This material may be used in various broadcasted public service advertisements (PSA's), publications, public affairs, recruitment materials, and/or for other related endeavors. This material may also appear on the Pets and Vets as Partners website and/or Facebook page.

Yes, I give authorization to Pets and Vets No, I do not authorize Pets and Vets

Finances: By providing my signature below, I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I agree to pay the rate for pet care provided put into effect on the date my pet is checked in to Pets and Vets as Partners. I further agree that in the event the charges are not paid when due that I must remit full payment in a timely fashion. If full payment is not made within a timely manner then the account will receive a finance charge for every 30 days past its delinquency. Further delinquency, typically exceeding 90 days, will merit my account being turned over to collections if I am unable to be contacted to have arrangements made. Should the services of an outside agency be required for collection of the account, I agree to pay costs of collections including but not limited to collection agency fees, attorney's fees, interest, and court costs.

Signature:

Date:

11/18/2020