NEW PATIENT FORM

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CLIENT INFORATION

Client Name: _____
First Last

Spouse/Partner: _____
First Last

Address:_____

City_____ State_____ Zip Code_____

Cell Phone: _____Home Phone:_____Work Phone:_____

Email Address: _____

How did you hear about us: ☐Regular Vet ☐Internet Search ☐Friend ☐Other: _____

PATIENT INFORMATION

Patient's Name: _____ Age or Date of Birth: _____

Species: ☐ Canine ☐ Feline ☐ Other (_____) Breed: _____

Sex : ☐ Intact Male ☐ Intact Female ☐ Neutered Male ☐ Spayed Female

Color:_____ Date of Last Vaccinations:_____

Regular Veterinary Clinic Name: _____

Primary Veterinary _____

Brief History/Symptoms:_____

I understand there will be an initial consultation fee and agree to this fee. It is understood that a treatment plan will be presented to me that will include any additional recommended treatments, diagnostics, or procedures and all cost associated with those services. I understand that no guarantee or assurance can be made as to the results that may be obtained. It is thoroughly understood that I assume all risks involved with any treatments, neurosurgeries, or procedures.

I have read and agree to the above statement _____
(Owner/Authorized Agent Signature)

Professional fees are due at the time services are rendered.