

OWNER AND PATIENT INFORMATION

New Client

New Patient

Client Information Update

Welcome! Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Today's Date:		Client Number (Office Use):	
PATIENT INFORMATION (please give any of pets prior records to the receptionist & list additional pets on back of form)			
Pets Name:		<input type="checkbox"/> Male	Neutered:
		<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Date of Birth:		Color & Breed:	
Previous Veterinarian:			
Reason for your visit today:			
How did you first hear of us: <input type="checkbox"/> Google <input type="checkbox"/> Sign/Flyer <input type="checkbox"/> Facebook <input type="checkbox"/> Referral <input type="checkbox"/> Other _____			
If referred to us by a client, who may we credit for this referral?			
OWNER OR AUTHORIZED AGENT INFORMATION			
Owner Name:			
Address:			
City:		State:	Zip:
Email:			
Home Phone #:		Cell Phone #:	
Work Phone #:		Other:	
Emergency Contact Name:		Emergency Contact Number:	
How will you be paying for your veterinary services today? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card			

INFORMED CONSENT

I certify that I am 18 years of age or older and that I am legally financially responsible for the treatment received at Washington Veterinary Clinic PA. I will assume the responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED OR BOARDED PET. If full payment is not made as required, Washington Veterinary Clinic PA has my permission to obtain credit information from an authorized agency to assess my credit worthiness and/or to aid in collection.

Signature: _____

Date: _____

Reviewed (Office Use) _____

Thank you for giving us the opportunity to care for the pets you love!

