

Welcome

To ensure the best possible care, please write legibly and completely fill out this form.

Thank you for giving us the opportunity to care for your pet.

Our Email: **vetsaverspethospital@gmail.com**

Today's Date: _____

Owner's Name: _____ Spouse/Partner: _____

Address: _____ Apt. # _____

City: _____ State _____ Zip Code: _____

Cellphone: _____ (Alternate) _____

Email Address: _____ Re-write Email: _____

Reason for Visit: _____

Pet Health History

Pet's Name: _____ DOB/Estimated Age: _____

Breed: _____ Dog Cat

Sex: Male Neutered - Yes No Female Spayed - Yes No

Color: _____ Known Allergies: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe, and/or treat the above described pet. I assume responsibility for any and all charges incurred for the treatment/care of my pet. I also understand that these charges are to be paid at the time of release and that a deposit or prepayment may be required for approved treatments.

I understand that failure to reschedule or cancel my appointment 24 hours in advance, by phone during regular business hours, will result in a \$39.00 no show or late cancel fee.

After 1st free exam, I understand that a normal office visit will be \$39.00 plus any additional services.

Signature of Owner: _____ Date: _____

IMPORTANT: ANIMAL BITES CAUSE SERIOUS INJURIES

For the safety of our staff, clients, children and other pets, **YOU MUST INFORM US NOW** if your pet has ever bitten or shown signs of aggression or fear toward another animal or human.

If your pet has aggressive behavior, you must be able to safely place a muzzle on your pet.

Without a muzzle, we will not be able to provide medical services.

PLEASE INITIAL ACCEPT (NOT OPTIONAL) : _____

We are required to report all bites to Animal Control and your pet will be quarantined at your expense.

Vetsavers Pet Hospital is a non-discriminatory, equal opportunity environment. We do not tolerate discrimination on the basis of race, color, gender, age, sexual orientation or any other legally protected factor.

In the event a client discriminates against any Vetsavers staff member, we must immediately terminate the veterinary patient/client relationship.

Front Office Use Only (Check Off)

Entered

Scanned

Initial: _____