

Affordable Pet Clinic

WELCOME TO OUR CLINIC!

Please provide the following information so we may become better acquainted with you and your pet.

Owners Full Name:

(Nombre y Apellido de Dueño)

Full Address:

(Direccion Completa)

City, State, Zip code:

(Ciudad, Estado, Zipcode)

Telephone (Telefono): Home:

(Casa)

Cell:

(Cellular)

Email Address:

(Correo Electronico)

Drivers License #:

(Numero De Licencia)

Pets Name #1:

(Nombre de mascota)

Breed:

(Raza)

Color:

(Color)

Dog / Cat

(Perro / Gato)

Sex: Female / Male

(Hembra / Macho)

Fixed: Yes / No

(Castrado(a): Si / No)

Age/D.O.B:

Known Allergies (Alergias Si / No): Yes / No

If Yes specify:

(Si, Specifique)

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(Nombre de mascota)

Breed:

(Raza)

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Dog / Cat

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Dog / Cat

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Age/D.O.B:

Known Allergies (Alergias Si / No): Yes / No

If Yes specify:

(Si, Specifique)

Consent for Treatment and/or Admission

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am/I am not (circle one) over eighteen years of age, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to contact me, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay the estimated fees and assume financial responsibility for the balance of all services rendered in a cash, or credit card basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than twenty-four hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every twenty-four hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

If my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to pick up my pet and provide care at home, in which case I accept the risks involved.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges when pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/ client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of the pet and the hospital and I will be responsible for all fees incurred.

Signature of Owner or Authorized Agent

Date

Signature of Parent or Legal Guardian
of owner/agent less than 18 years of age

Date