

NEW CLIENT WELCOME FORM

Welcome to our Practice!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to share some important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES

OWNER'S NAME _____ SPOUSE/OTHER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

How would you like to receive reminders? (Please select one) EMAIL TEXT MAILER

DRIVER'S LICENSE NUMBER _____ STATE _____ VERIFY _____
(we need this for paying by check and prescribing controlled medications)

Military Id? Yes No *(if yes, please show ID to reception)*

EMPLOYER _____ WORK PHONE _____

SPOUSE EMPLOYER _____ WORK NUMBER _____

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). Please note that **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept cash, all major credit cards, and Care Credit.

To prevent the spread of infectious disease, all hospitalized patients must be up to date on all vaccines and free from all parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of responsible agent for pet(s) _____ Date _____

Who had referred you to us? _____

In case of an emergency, which level of resuscitation would you prefer for your pet(s)?

PLEASE SELECT ONE AND INITIAL

____ Level one: Do not resuscitate.

____ Level two: Moderate resuscitative measures. Basic CPR. (Intubation and medications). This option is our hospital default option that will be used on all pets unless otherwise stated.

____ Level three: Extensive resuscitative measures, all of the above plus open chest compressions. This option can result in substantial additional fees. Please ask your receptionist for more details.