



Client / Patient Information Form

Owner name: _____

Co-Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number(s):

Cell / landline / primary: _____ Text Ok? _____

Cell / landline / primary: _____ Text Ok? _____

Email address: _____

Preferred method of contact: Phone Text Email

Pet Name:	Age/Date of Birth:
Species:	Male Female Spayed Neutered
Breed:	Color:
Does pet become aggressive around people or other animals?	Explain:

Referring Veterinary Clinic/Hospital: _____

Family Veterinary Clinic (if different from above): _____

I hereby authorize the veterinarian to examine, prescribe for, and/or render treatment that is deemed necessary to pet while in their custody. I assume full responsibility for all charges incurred for the care of my pet(s). I also understand that all fees will be paid in full at time of services are rendered. Furthermore, I understand that if I request assistance in filling an insurance claim, my pet's medical records may be shared according to the insurance company's policies and requests.

Signature: _____ Date: _____

Medical files (case information, and/or photos) may be used in teaching forms, continuing education, website, social media, veterinary literature, and the like. Also, patient information and medical records may be shared with the family/referring veterinarian of record. Client authorizes the release of case/patient information for such purposes; client confidentiality (names and personal information) will be maintained in cases other than contact with referring veterinarians.

I grant permission to release records for the above stated purposes. Initials: _____