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Time: _____

Client Information:

First Name: _____ Last Name: _____
Alternate Contact: _____
Address: _____ City/State/Zip: _____
Email: _____ SS # (Last 4): _____ DL# _____
Phone Number: _____ Alternate Phone _____
 Home Cell Work Number: Home Cell Work

Patient Information:

Name: _____
Species: Canine Feline Other Sex: Female Spayed Male Neutered
Breed: _____ Color: _____
Date of Birth: _____ Age: _____

Primary Veterinarian:

Veterinarian: _____ Clinic Name: _____
Clinic Phone: _____ Clinic Fax: _____

Reason for Visit:

Release Authorization:

MedVet occasionally uses information from patients for purposes such as educational lectures and informational pamphlets. We may also post such information on MedVet's website and social media page. Please indicate your consent (or lack thereof) to such use of your pet's information.

I Do / Do Not authorize use of my pet's first name, photograph and clinical information on MedVet's website, social media, news media page or within informational pamphlets. Under no circumstances will my name, my personal or financial information be shared through these media sources.

Information & Payment Authorization:

I have reviewed and verified that the information above is accurate to the best of my knowledge. I understand that payment in full is expected at the time my pet is released. I may be asked to leave a deposit if my pet is hospitalized overnight for further treatment. An estimate of care options will be discussed prior to treatment. In life-threatening situations, stabilizing care may be instituted upon arrival, but no invasive or diagnostic treatment will be undertaken until it has been discussed with me. A Client Service Representative will be happy to discuss the payment options available to me.

Signature: _____ Date: _____