

Client In: _____

Chart Up: _____

Room #: _____

Please print clearly. All fields must be completed.

Primary Owner

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____ Tertiary Phone: _____

SSN (last 4 digits only): ____ _ Driver's License: _____ E-mail address: _____

Employer Name: _____ Employer Address: _____

Secondary Owner or **Emergency Contact** or **Financially Responsible** (please mark one)

First Name: _____ Last Name: _____ Business Name: _____

Primary Phone: _____ Secondary Phone: _____ Email address: _____

Patient Information

Check the appropriate information: Canine Feline | Male Neutered | Female SpayedPet's Name: _____ Breed: _____ Long Hair Short Hair

Color: _____ Date of Birth: _____ (if unknown, please estimate age): _____

Primary Veterinarian: _____ Clinic: _____

Phone: _____ Fax: _____

Referring Veterinarian: _____ Referring Clinic: _____

Phone: _____ Fax: _____

Reason for Visit

Release Authorization

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

I _____ DO / DO NOT (*sign and circle choice*) authorize the use of my pet's first name, photograph and clinical information (including medical condition, treatment and prognosis) 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.

Payment of Services Information

I understand: 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.** The Client Services Representative will be happy to discuss the payment options available to me. My attending veterinarian will coordinate the time for my pet's release and explain any home care or follow up treatment that my pet may need.

Signature: _____ Date: _____

Authorization For Emergency Care — Rushbacks Only

Your pet is currently being evaluated for emergency care. This can include radiographs, IV fluids, oxygen, IV catheters, etc. The veterinarian will perform the care needed to stabilize your pet. The cost for this emergency care **may be less than but could exceed \$400. These costs will be incurred before you talk to a veterinarian about your pet's condition. By signing below, you are authorizing the veterinarian to perform this initial stabilization and are agreeing to pay the charges incurred.**

The veterinarian will talk to you about your pet's problems, prognosis and the total cost of your pet's care after his/her initial treatment.

Signed _____ Date: _____

Client's Printed Name _____

Pet's Name _____

Witness _____ Date: _____

If you do not wish to consent to this initial care, please tell the receptionist immediately. The doctor will be out to talk to you before treating your pet. Failure to sign this form does not mean that we will not treat your pet; however, your pet's treatment will be put on hold until you have talked to the veterinarian.