

Welcome

To ensure the best possible care, please write legibly and completely fill out this form.

Thank you for giving us the opportunity to care for your pet.

Our Email: yetsaverspethospital@gmail.com

Today's Date: _____

Owner's Name: _____ Spouse/Partner: _____
Address: _____ Apt. # _____
City: _____ State _____ Zip Code: _____
Cellphone: _____ (Alternate) _____
Email Address: _____ Re-write Email: _____

Reason for Visit: _____

Pet Health History

Pet's Name: _____ DOB/Estimated Age: _____
Breed: _____ Dog ☐ Cat ☐
Sex: Male Neutered - Yes ☐ No ☐ Female Spayed - Yes ☐ No ☐
Color: _____ Known Allergies: _____

Authorization and Financial Responsibility Agreement:

I hereby authorize the attending veterinarian to examine, diagnose, prescribe for, and/or treat the pet described above. I acknowledge and accept full financial responsibility for all charges incurred in connection with the care and treatment of my pet.

I understand that payment is due in full at the time of discharge, and that a deposit or prepayment may be required prior to initiating treatment. All payments must be made in person by the cardholder. Please note that we do not offer payment plans.

A standard office visit is \$45.00, with additional fees applicable for any further services provided. Fees for services are fixed and non-negotiable.

Signature of Owner: _____ **Date:** _____

IMPORTANT: ANIMAL BITES CAUSE SERIOUS INJURIES

For the safety of our staff, clients, children and other pets, YOU MUST INFORM US NOW if your pet has ever bitten or shown signs of aggression or fear toward another animal or human.

If your pet has aggressive behavior, you must be able to safely place a muzzle on your pet. Without a muzzle, we will not be able to provide medical services.

PLEASE INITIAL ACCEPT (NOT OPTIONAL) : _____

We are required to report all bites to Animal Control and your pet will be quarantined at your expense.

Vetsavers Pet Hospital is a non-discriminatory, equal opportunity environment. We do not tolerate discrimination on the basis of race, color, gender, age, sexual orientation or any other legally protected factor. In the event a client discriminates against any Vetsavers staff member or client, we must immediately terminate the veterinary patient/client relationship.

Abusive language/behavior directed at our staff or clients will not be tolerated. Any such incidents will result in the termination of our veterinary patient/client relationship.

Front Office Use Only (Check Off)

☐

Entered

☐

Scanned

Initial: _____