

Welcome

vetsavers
PET HOSPITAL

Saving Pets | Saving Money

Thank you for choosing us! We're excited to have you as a new client.

Our Email: infodallas@vetsaverspethospital.com

Today's Date: _____

Owner's Name: _____ Spouse/Partner: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Primary 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

I hereby authorize the veterinarian to examine, prescribe, and/or treat the above described pet. I assume responsibility for any and all charges incurred for the treatment/care of my pet. I also understand that these charges are to be paid at the time of release and that a deposit or prepayment may be required for approved treatments.

I understand that failure to reschedule or cancel my appointment 24 hours in advance, by phone during regular business hours, will result in a \$45.00 no show or late cancel fee.

Payments must be made in-person by the card holder.

After 1st free exam, I understand that a normal office visit will be \$45.00 plus any additional services.

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 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, we must immediately terminate the veterinary patient/client relationship.

Front Office Use Only (Check Off) Entered Scanned Entered: _____ Verified: _____



PetDesk

Find us on PetDesk! Access your pet's vaccine records, two-way text, request medication refills, & more. Sign-up using the email you are registering with.