

CLIENT # \_\_\_\_\_



THE VILLAGE VETS

**Office Use Only**

CHECK- IN: Initial \_\_\_\_\_ Time: \_\_\_\_\_

DATA ENTERED : Initial \_\_\_\_\_

SCAN: Date \_\_\_\_\_ Initial \_\_\_\_\_

**CLIENT / PATIENT INFORMATION**

CLIENT NAME

SPOUSE/PARTNER/OTHER

ADDRESS

CITY/ST

ZIP

COUNTY

HOME #

WORK #

CELL #

EMAIL

Place of employment

SPOUSE/PARTNER place of employment

ALT. CONTACT #

**THANK YOU FOR LETTING US KNOW HOW YOU HEARD ABOUT US**

An Individual: \_\_\_\_\_ Please provide their name so we can thank them: \_\_\_\_\_

**OR CIRCLE ONE BELOW**

Our Website    Facebook    Internet Search    Yelp    Angie's List    Atlanta Magazine

Fundraiser Event : Which One? \_\_\_\_\_ Parkview

Other: \_\_\_\_\_

**1. PET NAME**

SPECIES (DOG/CAT/ETC)

BREED

SPAYED OR NEUTERED?

BIRTHDATE

COLOR

SEX

NAME OF YOUR REGULAR OR LAST VET VISITED (if "NONE", please note):

DATE OF LAST VISIT:

CHRONIC HEALTH ISSUES/ON MEDICATIONS, ETC

DOES YOUR PET HAVE A HISTORY OF VACCINE REACTIONS?

Yes

No

**AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT**

I AUTHORIZE THE DOCTOR ON DUTY (ASSISTANTS WHO DOCTOR MAY DESIGNATE) TO ADMINISTER TREATMENT AS IS CONSIDERED THERAPEUTICALLY OR DIAGNOSTICALLY NECESSARY OR APPROPRIATE ON THE BASIS OF FINDINGS DURING THE COURSE OF EVALUATION OF THE ABOVE-DESCRIBED PET. I ALSO CONSENT TO THE ADMINISTRATION OF SUCH ANESTHESIA AND SURGERY AS NECESSARY OR APPROPRIATE UNDER THE CIRCUMSTANCES.

I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR THE CHARGES THAT MAY OCCUR DURING THE EXAMINATION AND/OR TREATMENT OF ABOVE-DESCRIBED PET. I DO UNDERSTAND THAT IF MY PET IS ILL AND/OR HOSPITALIZED A DEPOSIT IS REQUIRED PRIOR TO TREATMENT. I ALSO UNDERSTAND THAT **PAYMENT IS DUE IN FULL AT TIME OF SERVICE.**

***WE DO NOT ACCEPT PERSONAL CHECKS FROM NEW CLIENTS.***

MY SIGNATURE HERE INDICATES I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

***CLIENT OR AUTHORIZED AGENT SIGNATURE***

***DATE***