

Client Information

Owner/Agent 1

Mr. Ms. Mrs. Dr. First Name: _____ Last Name: _____
 Address: _____
 Street City State Zip
 Home Phone: _____ Cell Phone: _____ Email: _____
 Employer: _____ Work Phone: _____ Best ph# to call: _____
 Driver's License: _____ Birthdate: _____
 State Number Expiration Date MM/DD/YY

Owner/Agent 2

Mr. Ms. Mrs. Dr. First Name: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Employer: _____ Work Phone: _____ Best ph# to call: _____

Have you been here before? Yes No Authorized Party (if other than owner): _____

Patient Information

Pet's Name: _____ Species: K9 feline Breed: _____ Color: _____
 Age: _____ DOB: _____ Sex: male female spayed/neutered
 Initial Presenting Problem: _____
 Chronic Health Conditions: (please describe) _____
 Known Allergies or Drug Reactions: _____

Is your pet on any medications, pain killers, supplements, or special diet? Yes No
 + Please list, including dose and frequency: _____

Who is your pet's regular veterinarian? Dr. _____ Name of Hospital: _____

Who referred you to VERC (if different) Dr. _____ Name of Hospital: _____

If it becomes necessary during your pet's visit, would you like us to administer CPR?

No, Do Not Resuscitate (DNR) Yes, Please Administer CPR

Method of Payment (Please check one): Credit Card Check Cash Other _____

How did you hear about us? Veterinarian Referral Website Yellow Pages Friend Street Sign
 Advertisement: Where? _____ Other _____

I, the undersigned owner of, agent of the owner of, of Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I consent to the examination of this pet by veterinarians at VERC. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand that some risks always exist and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care. I understand that an estimate of the fees for veterinary services may be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and if my pet is hospitalized, I agree to pay a deposit of the lower end of the estimated range. I agree to assume full financial responsibility for all fees, regardless of the outcome, and will provide payment in full via cash, check or credit card (Visa, MasterCard, or CareCredit) at the time my pet is discharged from the hospital.

Owner's Signature: _____ Date: _____