



Account Number: _____
Admission Date: _____
Admission Time: _____

CLIENT AND PET REGISTRATION(Confidential)

Pet Parent Information:

Primary Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Check one: Cell Home Work

Other phone Numbers to call: _____

Secondary Contact: _____ Relationship: _____

Secondary Phone Number: _____ Circle one: Cell Home Work

Primary Care Veterinary Information

Clinic Name: _____ Primary Care Veterinarian: _____

Other veterinary clinics/hospitals you would like records sent to:

Clinic: _____ Name: _____

Clinic: _____ Name: _____

Pet Information

Name: _____ Species: Dog Cat Other _____

Breed: _____ Color/Special Markings: _____

Sex: Male Female Spayed or Neutered: Yes No

Date of Birth: _____ OR Age: _____ years _____ months

Are your pet's vaccinations up to date? Yes No

Is your pet on any medications currently: Yes No

If so please list medications, dosage and what condition he/she was given it for:

Has your pet had any unusual reactions to medications? No Yes

Consent Form

Pet Name: _____

Client Name: _____

Payment: Full payment is due upon rendering of services. Down payment will be required at the start of treatment. I agree to pay any costs and charges necessary for the collection of any amount not paid when due. Finance charges will accrue monthly on outstanding balances. A \$20.00 charge will be assessed for a returned check.

Medical Consent: I hereby authorize the treatment of my pet(s) by the doctors at VSC. I always agree to be available by phone during my pet's hospitalization, for consultation with my pet's doctor. I understand the staff will keep me informed of and receive my consent for additional diagnostics and therapeutics along with the associated cost. In the event that I cannot be reached during an emergency situation, I authorize the doctor and staff to perform any procedures necessary for my pet's well-being.

I authorize VSC to release my pet to Animal Control in the event that I abandon my pet and cannot be contacted for a period of 72 hours.

CPR: In the event that cardiopulmonary resuscitation (CPR) is required for my pet, I authorize and understand there are associated fees:

Check One: CPR No resuscitative efforts

I certify that I am legally authorized (and over the age of 18) to give medical consent:

Signature: _____

Date: _____