

New Client Registration Form

We welcome you to our practice. Please take a few minutes to fill out this form as completely as you can, preferably all **highlighted areas**. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Owner's First & Last Name _____ Ms. Mrs. Mr. Dr.

Cell (_____) _____ **Home** (_____) _____ **May we text you?** Yes or No

Mailing Address _____ # _____ **City** _____ **State** _____ **Zip** _____

Driver's License / Identity Card _____ **State** _____

E-mail _____

Secondary Contact _____ **Phone** (_____) _____

E-mail _____ **Relationship to you** _____

Are you 18 or older? Yes or No If no, you must have an adult with you for your pet to be seen.

How Did You Hear About Our Hospital?

Individual Referral (Someone We May Thank) _____ Drove by

Internet (What Website) _____ Other _____

Previous Veterinarian Information

Clinic Name _____ **Doctor Name** _____

Phone Number (_____) _____ **Is this a permanent transition?** _____

1st Pet's Information

Name _____ **Date of Birth** _____ **Is this an estimated age?** Yes No

Species _____ **Breed** _____ **Color** _____ **Sex** _____

Spayed/Neutered: Yes No Unknown **Does your pet have a microchip?** _____

2nd Pet's Information

Name _____ **Date of Birth** _____ **Is this an estimated age?** Yes No

Species _____ **Breed** _____ **Color** _____ **Sex** _____

Spayed/Neutered: Yes No Unknown **Does your pet have a microchip?** _____

3rd Pet's Information

Name _____ **Date of Birth** _____ **Is this an estimated age?** Yes No

Species _____ **Breed** _____ **Color** _____ **Sex** _____

Spayed/Neutered: Yes No Unknown **Does your pet have a microchip?** _____

PLEASE READ AND SIGN BACK OF PAGE

I, the undersigned owner, authorized agent of the owner or good samaritan responsible for seeking veterinary care for the pet identified above, certify that I am over eighteen years of age, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. 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 this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff has my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay a deposit of 50% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash or credit card basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than twenty-four hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every twenty-four hours to inquire as to the medical status of my pet.

If my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, you have 2 options available to you. You may, pick up my pet and provide care in my home, in which case I accept the risks involved or have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense

I further agree that either I, or an authorized agent of mine, will pick up this pet within five days after receiving written or oral notification that this animal is ready to be released from the hospital and pay for all accrued charges. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in the best interests of the pet and the hospital and I will be responsible for all fees incurred.

I hereby consent not to receive prescription medication in child resistant containers.

I hereby consent to photographic images and reproduction of images and video to be used within and/or outside *Stone Ridge Animal Hospital*.

For health reasons, if your pet is found to have fleas or ticks while in for grooming, boarding, or any procedure that requires them to stay in the hospital, they will receive treatment with appropriate flea and/or tick product at additional cost to you.

Federal law prohibits the dispensing of certain medications including vaccinations without an examination or prescription.

Payment is due at the time services are rendered.

Printed Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date