

Client Information Form

Welcome to Santa Cruz Veterinary Hospital! We look forward to caring for you and your pet. If there is anything we can do to make your experience better please let us know. Please help us get to know you and your pet by completing this form.

CLIENT INFORMATION

Your First Name

Last Name

Birthday

Address

City

Zip

Home Phone

Work/Other Phone

Email

Employer Name and Address

Spouse/Co-owner's Name

Spouse/Co-owner's Phone

Do you authorize this person to make urgent decisions if you are unreachable? Yes No

Please list additional people we may release information to:

Name

Phone

Name

Phone

PATIENT INFORMATION

Pet Name

Date of Birth

Age

Canine Feline Other

Breed

Color

Sex Male Female

Spayed/Neutered? Yes No

Referring Veterinarian

Family Veterinarian (if different)

Initial Presenting Problem / Special Needs / Concerns:

How did you hear about us?

- Driving by Your Veterinarian Pet Store Used us in the past
 Friend (who should we thank?)
 Yellow Pages (which one?)
 Website (which one?)
 Community Event (which one?)

CONSENT

I, the undersigned owner or agent of the owner, hereby consent to the examination of my pet by Santa Cruz Veterinary Hospital (SCVH). I agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, anesthetize and/or perform surgery on my pet. I understand that no guarantee can be made as to the outcome of treatment and that I am encouraged to discuss any concerns I have about the risks of treatment with the attending veterinarian before any procedure or treatment is initiated.

I understand that a treatment plan including an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of 75 % of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card, Care Credit, Health Advantage, or check at the time my pet is discharged from the hospital.

I authorize the release of medical information and photographs for purposes of teaching, forms, website, continuing education, and the like. Patient confidentiality (names withheld) will be maintained.

If I have been referred to a specialist by my family veterinarian, I understand that SCVH will work in conjunction with them to provide the best care for my pet, but that specialists do not provide general preventive or wellness care, and cannot act as primary veterinarian for general or wellness care. For these needs, I agree to maintain my relationship with my family veterinarian.

I understand that I (the owner or agent) am financially responsible to SCVH for all charges relating to this patient. I have read and agree to the treatment authorization. I have also read and accept the financial obligations.

Owner's or Agent's Signature

Date