



Cornerstone Client #: \_\_\_\_\_

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## 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	
Address		City	Zip
Email Address			
Home Phone		Cell Phone	Work/other
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list additional people we may release information to:			
Name		Phone	
Name		Phone	

### Patient Information

Pet Name		Date of Birth	Age
<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		Breed	Color
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> 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?)



*I, the undersigned owner or agent of the owner, hereby consent to the examination of my pet by Santa Cruz Veterinary Hospital (SCVH) veterinarians. I also 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 the procedure is initiated.*

*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.*

*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 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 or check at the time my pet is discharged from the hospital.*

*If I have been referred by my family veterinarian, I understand that SCVH will work in conjunction with them to provide the best care for my pet, but that SCVH will not 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.*

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Owner's or Agent's Signature

Date