

File #:

(internal use)

**New Client / Patient Data Form**

**Welcome! We are eager to meet you and your pets! We are dedicated to the health, happiness, and well being of your pet and treat every patient as we would our own animal. We will always take extra care to ensure that your pet is comfortable during its stay in our facility. Please fill out this form (one for each patient), complete the medical history questionnaire, and sign the treatment authorization and payment form. Be sure to attach any previous medical records you have for your pet, and fill out the Medical Records Release Form to have your records transferred to our hospital. Again, we look forward to meeting you and your pet, and we appreciate your visit today.**

**Client Information**

Pet Owner's Name:

last name

first name

Spouse:

Home Address:

Apt #:

City:

State:

Zip:

Home Phone #:

Cell #:

Work #:

Email Address:

Employer:

Driver's License #:

State:

Exp Date:

Emergency Contact:

Phone:

If you were referred to us, please tell us whom to thank:

Hospital Website

Yellow Pages

Advertisement

Sign

Other:

Client referral (Name):

**Patient Information**

Pet's Name:

Date of Birth:

Species:

Canine

Feline

Rabbit

Ferret

Bird

Reptile / Amphibian

Rodent

Breed:

Color / Markings:

Sex:

Male

Female

Neutered / Spayed?

Y or N

unknown

Previously Bred?

Y or N

Date of Last Heat Cycle:

Declawed?

Y or N

Microchipped?

Y or N

ID# ?

Where did you obtain this pet?

Out of State?

Y or N

Prior Health Concerns, current medications?

(attach all previous medical records and complete medical history questionnaire - please use separate form for each add'l pet)

## Patient Medical History Questionnaire

**File #:**

(internal use)

Please answer the following questions about your pet's medical history. Use a separate Client / Patient Data Form for each pet. Attach any previous medical records or submit the Medical Records Release Form to have your pet's records transferred to our hospital.

Client Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Reason for today's visit / presenting health concern?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you noticed any changes (**increase or decrease**) in the following?

(comments)

Water consumption, thirst	Y or N	_____
Body weight / muscle mass	Y or N	_____
Urinary habits or accidents	Y or N	_____
Defecation (bowel movement) or accidents	Y or N	_____
Appetite, begging	Y or N	_____
Aggression, personality changes	Y or N	_____
Activity, exercise, lethargy	Y or N	_____
Limping	Y or N	_____
Joint, back pain	Y or N	_____
Vision	Y or N	_____
Hearing	Y or N	_____
Barking, crying out, vocalizing	Y or N	_____
Seizures	Y or N	_____
Coughing, wheezing	Y or N	_____
Vomiting	Y or N	_____
Diarrhea	Y or N	_____
Sneezing	Y or N	_____
Slow to get up after rest	Y or N	_____
Itching	Y or N	_____
Hair loss, flaking	Y or N	_____
New masses, growths, lumps	Y or N	_____
Discharge from eyes, nose, mouth	Y or N	_____
Discharge from prepuce, vulva	Y or N	_____
Sleep patterns	Y or N	_____
Other pain	Y or N	_____

How long have you owned this pet? \_\_\_\_\_

Where did you obtain this pet? Outside of this region / state? \_\_\_\_\_

Have you travelled recently with the pet? \_\_\_\_\_

Is the pet on heartworm preventive? What brand? \_\_\_\_\_

Is the pet on flea / tick preventive? What brand? \_\_\_\_\_

Have the pet been exposed to fleas or ticks? \_\_\_\_\_

Is the pet used for hunting or taken on camping trips? \_\_\_\_\_

Is the pet used for breeding? Last date of breeding / heat cycle? \_\_\_\_\_

Any prior illnesses? \_\_\_\_\_

Any non-elective surgeries? \_\_\_\_\_

Has the pet ever had an allergic reaction to vaccine or any other medication? \_\_\_\_\_

Does the pet eat anything besides dog or cat food? \_\_\_\_\_

(Use the back of the form for any additional comments or concerns)

**Treatment Authorization****File#:**

(internal use)

I hereby authorize the staff of this Veterinary Hospital to render any treatment and/or diagnostic procedures deemed necessary to the health of my pet(s) while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances the staff will make reasonable attempts to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or verbally over the telephone. I understand that I can terminate treatments at any time by contacting the veterinarians or staff of this hospital.

**Financial Responsibility**

I understand that payment in full is due at the time that services are rendered. I also understand that this Veterinary Hospital does not extend any line of credit to clients, nor offers any payment installment plan. Any offer of financing or financial assistance, and the terms contained therein, are a contract solely between myself and the lending company; furthermore, this Veterinary Hospital will not be responsible for filing claims, negotiating payment settlements, or collecting payment from any financial lending company on my behalf. A copy of the itemized invoice will be provided to me in order to pursue reimbursement from a pet insurance policy; however, the hospital will not be responsible for submitting or collecting insurance claims.

For my convenience, this Veterinary Hospital accepts cash, personal check (with valid identification), and credit / debit cards for payment. Personal checks written on an overdrawn account (hot check) will be delivered to the district attorney's office for prosecution under the law. A fee for non-sufficient funds will be added to the balance in such case. Checks may not be post-dated. A service charge may be added to any overdue balance, and delinquent accounts may be turned over to a collection company for settlement.

**Disclosure and Privacy of Medical Information / Use of Email**

The patient's physical or digital medical records are maintained by, and are the property of this Veterinary Hospital, and the information contained therein is the property of the legal pet owner. This protected medical information including patient history, laboratory findings, diagnoses, and treatments will not be disclosed to anyone outside of the hospital without the written consent of the pet owner with the following exceptions: Patient information and history may be provided to reference laboratories and pathology laboratories for the purpose of performing diagnostic examinations and testing. Anonymous patient data and medical history may be provided to state health departments and research laboratories for the purpose of collecting and analyzing potential human health threats (zoonoses) and disease prevalence in the pet population. No personally identifying information will accompany these records in such cases. Patient's medical records and history may be released to veterinary specialists in the case that a referral is deemed necessary for advanced diagnostics and treatments.

The client (legal pet owner) may request a copy of a patient's medical records to be released to themselves, another veterinarian, clinic or hospital by submitting a signed and dated request in writing (medical release form). A fee may be charged for processing these records.

Client's email addresses are only used by the hospital for the purpose of communicating appointment times, vaccination and recheck reminders, prescription refill reminders, medical results, and collecting client feedback about the services provided by the hospital.

Client Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_