



Village Veterinary Center

Client/Patient Information Form

"We're here for your pets, to keep them happy and healthy"

Client Name: _____ Spouse/Other: _____

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

Home/Cell # _____ Work/Other Phone# _____

E-mail Address: _____

How did you hear about us? Let us know who to thank! Please check all that apply:

- Facebook
 Google/Search Engine
 Mailer/Poster
 Sign/Drive-By
 Friend/Family: _____ Other: _____



Pet Name: _____ Circle One: Canine Feline

Breed: _____ Color: _____ D.O.B/Age: _____

(Please Circle One) Male Female Male Neutered Female Spayed

Date of last Vaccines: _____

Who can we call for medical records? _____

Please list any behavioral or medical conditions: _____

Please list all medications your pet is currently on (include Heartworm and flea/tick prevention): _____

I, the undersigned owner, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet named above certify that I am eighteen year of age or over and consent to the examination of this pet by staff veterinarians at the Village Veterinary Center. I understand that payment is due at the time services are rendered and that there will be a \$35.00 fee on all returned checks. If an anesthetic procedure is being performed today, I understand and accept 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 if initiated. To screen for problems not readily apparent during physical examinations, the hospital recommends that blood panel tests be performed on all pets that will be anesthetized. I have read and understand this authorization and consent to the recommended care.

Client Signature

Date

Clinic Use Only (Initial when complete)			
Client/Patient Info	Reminders	Scanned	Date