



New Patient Form

Client information

First and Last Name: _____ Email: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse/ Co-Owner Name: _____ Phone: _____

How did you hear about us? _____

Pet Information

Pet's Name: _____ Dog Cat Other: _____ Age/Birthdate: _____

Sex: Male Female Unknown Breed: _____ Color: _____

Spayed/Neutered: Yes No At what age? _____ Microchipped? Yes No

Pet Obtained From: Breeder Pet Shop Rescue Other: _____ Age Obtained: _____

Purpose Obtained: Companionship Protection Breeding Show Working Other: _____

Diet (Kind of Pet Food): _____

Prior Illness: _____ Prior Surgery: _____

Reason for pet's visit: _____

Release of Information

The State of Missouri requires consent of the veterinary client prior to the release of any information regarding veterinary patients to another veterinary hospital, clinic, boarding or grooming facility, humane society or shelter. In addition, pet microchip companies, we as well as individuals who find your pet, may contact us in efforts to return your lost animal to you.

Do you grant consent to release pet records and/or your contact information to anyone requesting this information. Yes No

Do we have permission to post photos to our clinic social media formats (ie: Facebook, our website)? Yes No

Payment and Authorizations

I authorize the veterinarian to examine, prescribe for, or treat any animals I present. I assume responsibility for all charges incurred for these animals. A written estimate may be prepared upon request. **All professional fees are due at the time of services rendered.** We accept all major credit card providers, Care Credit, Cash, and Check. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. Animal Care Clinic of Bolivar will provide any appropriate preventative care to keep all hospitalized animals free of communicable diseases and parasites at owner's expense.

If a patient is scanned for a microchip and the information does not match the client on file, we are obligated to contact the company as well as the Bolivar Pound to locate the animals' registrant.

Signature: _____ Date: _____