

Please complete the following information and return to receptionist once completed.

CLIENT INFORMATION:

Staff Initials:

Name:		Driver's License/ID Number:	
Spouse/Partner:			
Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
E-Mail:		How would you like to receive appointment reminders? Phone <input type="checkbox"/> Email <input type="checkbox"/>	
Regular Veterinary Clinic:		Veterinarian's Name:	
How did you hear about CVRC? Yellow Pages <input type="checkbox"/> Friend/Family <input type="checkbox"/> Referring Vet <input type="checkbox"/> Website <input type="checkbox"/> Event <input type="checkbox"/> Other <input type="checkbox"/>			

PET INFORMATION:

Pet Name:		Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/>	
Breed:		Color/Markings:	
Sex:	Spayed/Neutered? Y/N	Age:	Date of Birth:
Is your pet allergic to any food or medications? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, which ones?			

Please describe your pet's disposition while at the vet: Friendly Aggressive Shy/Timid Will Bite
 CVRC frequently takes photos of patients during procedures for use in Continuing Education materials, training, website content and social media. If you would **not like** your pet's photos used, please initial here _____

FINANCIAL CONSENT:
 I am financially able to meet any commitments made. In the event of a check returned NSF or stop payment, a \$30 fee will be added to the account. In the event my pet has an outstanding balance I give permission to charge the balance to my credit or debit card. I also understand that an estimate of the fees 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. Should it become necessary to bring collection proceedings against me, I agree to pay, not only the past due balance, but also any reasonable and customary expenses incurred in the collection process, including but not limited to, collection agency fees, attorney fees as awarded by the court, and court costs.

I understand the doctor will prepare an estimate after examining my pet and further understand that the estimate is based upon the initial examination of my pet. The estimate may change as further diagnostic and therapeutic procedures dictate. The estimate range is intentionally broad to anticipate unforeseen changes in medical condition. I understand that this is an estimate and that final charges are based on procedures performed.

FINANCIAL CERTIFICATION: I certify the information given by me is correct and I have read and consent to the terms of the financial agreement. I am the pet's owner, or I am authorized as the pet's agent or representative to execute the above and accept its terms on behalf of the pet's owner, or I assume individually all financial responsibility by signing below.

I CERTIFY THAT I AM LEGALLY AUTHORIZED TO GIVE FINANCIAL CONSENT:

X
 Signature of pet's owner or authorized agent or representative

Date:

