



The Standard of  
Veterinary Excellence

## New Patient Form

Date \_\_\_\_\_

### CLIENT INFORMATION

Name \_\_\_\_\_

Spouse/Secondary Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_

Species  Dog  Cat  Small Mammal  Bird  Reptile  Other \_\_\_\_\_

Breed \_\_\_\_\_

Sex  Male or  Neutered Male  Female or  Spayed Female

Date of Birth \_\_\_\_\_ Color/Markings \_\_\_\_\_

Are you this pet's owner?  Yes  No

**VACCINE HISTORY** Please provide pet's vaccine history and/or copy of prior medical records (or where we can call to request them).

### HOW DID YOU HEAR ABOUT 2<sup>nd</sup> Street Animal Hospital?

Referred by my Veterinarian  Internet

Referred by a Friend/Family  Google

(Please provide name so we may thank them)

Other (Please specify)

### PAYMENT OPTIONS

All bills must be paid when services are rendered. We do not bill. We accept all major credit cards including Care Credit/Scratchpay. If you have any questions regarding your payment today, please discuss it with a client service representative before seeing the doctor. Thank you. **I assume responsibility for all charges assumed in the care of my pet(s).** Initial \_\_\_\_\_

### AUTHORIZATION RELEASE

**I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.** The doctors and staff at 2<sup>nd</sup> Street Animal Hospital are to use all reasonable precautions against injury, escape, or destruction of my animals, but they will not be held liable for any problems that might arise from the care, treatment, or safe-keeping of the animals as it is understood that I, as the owner, assume all the risk.

**Signature of owner:**

**date:** **Witness:**

**date:**

X \_\_\_\_\_

X \_\_\_\_\_