

Patient ID #:



TIME IN:

TIME OUT:

CLIENT CHECK-IN SHEET

OWNER AND/OR AUTHORIZED AGENT INFORMATION

Name: Co-owner:

Address:

City: State: ZIP code:

Primary Phone: 2nd Phone: E-mail:

This line is for DEA reporting records only Owner/Agent Date of Birth:

Name of additional authorized agent for pet: Phone:

PET INFORMATION

Pet Name: Age: Species: Breed: Color: Sex (circle): Male Female Spayed Neutered

What is your reason for bringing your pet in today?

Does your pet have any previous medical problems, conditions, or allergies?

Is your pet on any current medications, or have you given any medications?

What is your pet's normal diet?

ADDITIONAL INFORMATION

Who is your Pet's Regular Veterinary Hospital? (We will send records from your visit today.)

How did you hear about our Hospital?

Do we have your consent to post pictures of your pet on our website/social media? YES NO

SIGNATURES

I, the undersigned, owner or agent of admitting patient and age 18 or over, hereby authorize the attending Veterinarian (and whomever they may designate as their assistant) to examine said patient. Treatment options will be discussed after said evaluation and then as needed. The risks and nature of the procedure(s) will be explained to me, and no warranty or guarantee will be made as to the result or cure. Payment is due at the time services are rendered. A deposit is required on admitted patients, and balance is due upon animal's release. Animals must be picked up by 8am Monday through Friday or additional charges may incur.

X _____ Signature of Owner/Authorized Agent

Office use only: Medical Condition Emailed/Faxed Record to Owner & RDVM Rads sent to Owner/RDVM Scanned