

**CLIENT AND PATIENT INFORMATION**

New Client: Y / N (circle one) Current Client New Pet: Y / N

Changed Information Y / N

**Client Information-**

**Authorized Owner:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Driver's License (required by the DEA):** \_\_\_\_\_ **State:** \_\_\_\_\_

**DOB (required by the DEA):** \_\_\_\_\_

How did you find us (please check all that apply)?

Our Website	Google, Yahoo, etc.	YP.com (online Yellow Pages)	
Twitter	Facebook	Phone Book (Yellow Pages, etc.)	
Newcomer's Welcome Service	Community Event	Driving by the hospital	
My friend referred me and their name is:			
Saw an ad in (please indicate where):			

**Patient Information-**

**New Patient Name:** \_\_\_\_\_ **Dog:** \_\_\_ **Cat:** \_\_\_ **Other:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Sex:** M / F **Spayed:** Y / N **Neutered:** Y / N

**New Patient Name:** \_\_\_\_\_ **Dog:** \_\_\_ **Cat:** \_\_\_ **Other:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Sex:** M / F **Spayed:** Y / N **Neutered:** Y / N

**New Patient Name:** \_\_\_\_\_ **Dog:** \_\_\_ **Cat:** \_\_\_ **Other:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Sex:** M / F **Spayed:** Y / N **Neutered:** Y / N

Please provide your **previous Veterinarian's contact** information so we can have your pet's medical records faxed to us, i.e., vaccine history, Heart Worm testing, etc.

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Anyone else authorized** to order treatment or obtain patient information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

*I authorize the release of my pet's medical records and will assume responsibility for all fees incurred:*

---

**(Signature & Date)**

**Note: All professional fees are due at the time services are rendered. Monies owed for services not paid at the time services are rendered are subject to billing fees and interest.**

I, \_\_\_\_\_, give permission to use \_\_\_\_\_'s name,  
(client's name) (patient's name)

**photograph, or medical information for blog and social media purposes.**

---

(Signature)

### COVID-19 Screener

- I am **not** currently diagnosed with COVID-19
- To the best of my knowledge, I have **not** (within the last 5 days) been in close contact with anyone diagnosed with (or suspected to have) COVID-19 (where 'suspected to have' means the person is exhibiting the principal symptoms of COVID, as described below, and 'close contact' is being within 6 feet for a cumulative 15 minutes or longer [within a given 24 hour period] OR providing care at home to someone who is sick with COVID-19 OR hugging/kissing an infected person OR sharing eating/drinking utensils with an infected person OR infected person sneezed, coughed, or otherwise got respiratory droplets on you). Note that this 'close contact' period begins 2 days before symptoms developed (for exposure to *symptomatic* individuals) **or** 2 days before the COVID-19-positive specimen was taken (for exposure to *asymptomatic* individuals).
- In the last 5 days, I've simultaneously experienced **no more than one** of these principal symptoms of COVID-19 (doesn't include symptoms due to known, non-COVID medical/physical condition): *chills, muscle/body aches, headache, sore throat, fatigue (not otherwise explained by another known cause), diarrhea, nausea or vomiting, abdominal pain, congestion or runny nose.*
- During the last 5 days, I have not experienced **any** of the following principal symptoms of COVID-19 (not including symptoms due to a known, non-COVID medical or physical condition): *fever( $\geq 100.4$  °F), cough (excluding chronic cough due to a known medical reason other than COVID-19), shortness of breath or difficulty breathing, loss of taste or smell.*

I declare that the statements above (regarding COVID-19) are, to the best of my knowledge, accurate with regard to myself and anyone who will be accompanying me to this appointment.

---

**(Signature & Date)**