



New Patient Form

Thank you for giving Affordable Vet Center, LLC the opportunity to care for your pets. Please fill out this form completely. Thank you!

Owner's Information

Owner's Name _____ Co-Owners Name _____ Date _____

Email Address _____ Co-Owners Email _____

Owners Phone _____ Co-Owners Phone _____ Other Phone _____

Street Address _____ City _____ State _____ Zip code _____

How did you learn of our clinic?

- Recommendation
- Drive by
- Postcard

- Flyer
- website
- other _____

If recommended, by whom? _____

Pet Information

Name of pet _____ Birthdate/Age: _____ Breed _____ Color _____

Please Circle: Type: Cat or Dog Sex: Male or Female Spayed/Neutered: Yes or No

Please list any Allergies your pet has _____

Heartworm/flea prevention: Yes or No If yes, what kind _____

Please list any previous surgeries or pertinent medical history your pet has had _____

Please list your pet's current medications: _____

Media Release

I grant Affordable Vet Center permission to take photographs or videos of my pet, and to publish those photographs or videos for any lawful purpose (social media/website/promotional materials.) By signing I authorize my photographs or videos, mentioned above, to be edited by Affordable Vet Center. I also waive any rights of privacy or compensation associated with the use of my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

Signature: _____ YES NO

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release.

Signature of Owner _____ Date _____