



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?

- | | |
|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Personal Recommendation | <input type="checkbox"/> Business Card |
| <input type="checkbox"/> Drive By | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Google Search |
| <input type="checkbox"/> Sign/Billboard | |

Who recommended you? _____ (Full name, so client can receive \$10 credit.)

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 certify that I am the owner or authorized agent of the owner of the above described pet(s). Further, I hereby authorize Affordable Vet Center to release the requested medical information to the requested veterinary clinic and/or boarding/grooming facility. I hereby authorize Affordable Vet Center to render medical treatment for my pet(s) as deemed necessary by the licensed veterinarian. I assume responsibility for all charges occurred in the treatment of the pet(s). All charges will be paid at the time services are rendered.

Signature of Owner _____ Date _____