

Client Information

Name: Prefix _____ Last _____ First _____

Spouse/Partner _____ Address _____

Apartment # _____ City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ Spouse Phone (____) _____

Employer _____ Employer Phone (____) _____

Email _____ Fax (____) _____

SS# (if using checks) _____ DL# (if using checks) _____

Emergency contact Information

Name: Last _____ First _____ Title _____

Phone (____) _____ Cell (____) _____

Do you permit this person to make treatment decisions if you are unreachable? Yes No

Patient Information

Name _____ Species Canine Feline Other _____

Breed _____ Color _____ Age _____ Birth Date ____/____/____

Sex? Male Female Neutered? Yes No Weight _____ Microchip # _____

Does your pet have any known allergies? If so please list _____

Does your pet have any known medical conditions? If so please list _____

Primary or Previous Veterinarian _____ Phone (____) _____

I hereby authorize Family Pets Veterinary Care to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that payment is required in full before diagnostics and treatments can be initiated.

Signature _____ Date _____

VETERINARY RECORDS RELEASE FORM

Family Pets Veterinary Care
479-521-PETS



**PLEASE EMAIL THE FOLLOWING RECORDS AS REQUESTED BELOW TO:
familypets125@att.net**

PREVIOUS VET CLINIC

Name: _____
Address: _____
Telephone: _____ Fax: _____

PET OWNER'S INFORMATION

Name: Last: _____ First: _____ Spouse: _____
Address: _____
City, State, Zip _____
Telephone: Day: _____ Night: _____
Email: _____
Pet Name(s): _____

I hereby certify that I am the owner or authorized agent of the pet owner of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Family Pets Veterinary Clinic. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified has been released.

INFORMATION TO BE RELEASED

- Vaccination History
- Medical History
- Dr. notes

Owner Name _____ Owner Signature _____
Date _____

