

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 | e Co-Owners Name_ | | Date | | |
| Email Address Co-Owners Email | | | | | |
| Owners Phone | Co-Owners Phone | | Other Phone | | |
| Street Address | City | | State Zi _l | o code | |
| How did you learn of our clinic? | | | | | |
| □ Personal Recommendat□ Drive By□ Facebook□ Sign/Billboard | ion | □ We | siness Card ebsite ogle Search | | |
| Who recommended you? | | (Full name | e, so client can rece | eive \$10 credit.) | |
| Pet Information | | | | | |
| Name of pet Birthd | ate/Age: | Breed | Color_ | | |
| Please Check Type: Cat Dog | Sex: Male | Female Spayed | d/Neutered: Ye | es No | |
| Please list any Allergies your pet has Heartworm/flea prevention: Yes or No Please list any previous surgeries or per Please list your pet's current medication | tinent medical history | your pet has had | | | |
| Media Release | | | | | |
| I grant Affordable Vet Center permission videos for any lawful purpose (social me videos, mentioned above, to be edited by associated with the use of my pet's image | edia/website/promotio by Affordable Vet Cent | onal materials.) By sigr er. I also waive any rig | ning I authorize my ghts of privacy or co | photographs or ompensation | |
| Signature: | □ YES | ☐ NO | | | |
| Authorization | | | | | |
| I hereby certify that I am the owner or a authorize Affordable Vet Center to release boarding/grooming facility. I hereby aut deemed necessary by the licensed veter pet(s). All charges will be paid at the tim Signature of Owner | ase the requested med horize Affordable Vet Finarian. I assume resp | lical information to the Center to render med onsibility for all charge | e requested veterir ical treatment for r | nary clinic and/or my pet(s) as | |