

Cape Coral Pet Vet



New Clients

Date: _____ # _____ Tech Initials _____ Scanned _____

Last Name: _____ First Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ May we text your cell phone? Yes No

Emergency Contact: _____ Phone: _____

Previous Veterinarian's Name: _____ Phone: _____

How did you hear about Pet Vet?

- | | |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Phonebook | <input type="checkbox"/> Sign out Front/Drive By |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Our Mobile Clinic |
| <input type="checkbox"/> Website | <input type="checkbox"/> Yahoo |
| <input type="checkbox"/> Bing | <input type="checkbox"/> Google Search |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Google Advertisement |
| <input type="checkbox"/> Friend or Relative | |

I'm coming in today for the following:

- Emergency
- Medical Problem
- Vaccines
- Dental Care
- Surgery
- Heartworm Prevention
- Flea or Tick Prevention
- Other _____

Name: _____

Address: _____

	Patient #1	Patient #2	Patient #3	Patient #4
Name				
Cat or Dog				
Birth date				
Breed				
Color				
Sex (M,NM,F,SF)				
Microchip #				
Medical Alerts				
Allergies				
Vaccines: Last Done				
Prior Surgeries				
Prior Illnesses				

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. Only after I have agreed to the charges will I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered and that billing is not an option.

I **DO** ____ **DO NOT** ____ grant my permission to use my pet(s) photo or video footage for social media purposes.

Signature of responsible party _____ Date _____

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.